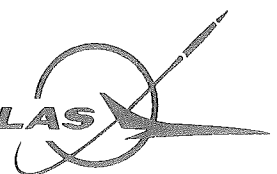
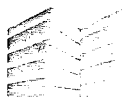


**MCDONNELL DOUGLAS**



*Douglas Aircraft Company*



**CST ENVIRONMENTAL, INC**

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

**ORIGINAL**

# **PRECONSTRUCTION SUBMITTALS**

Prepared For:

**McDONNELL DOUGLAS REALTY CORPORATION**

**Mr. Mario Stavale**

4060 Lakewood Blvd., 6th Floor  
Long Beach, California 90808-1700

Re: Asbestos Abatement  
McDonnell Douglas Facility  
Harbor Gateway Center  
Torrance, California

Prepared on: September 30, 1996

Submitted By:

**Robert Espinosa / Pat Hussey**

Los Angeles • Houston • Las Vegas • Dallas • San Francisco • Boston • Phoenix

**BOE-C6-0079419**

TABLE  
OF  
CONTENTS

# Preconstruction Submittals

## Table of Contents

X ABATEMENT SCHEDULE (draft)	I
✓ CONTINGENCY PLAN / HAZARD COMMUNICATION	II
RESUMES OF KEY PERSONNEL / STAFF NAMES	III
X PERMITS AND LICENSES	IV
X NOTIFICATIONS	V
PRODUCT DATA SHEETS	VI
✓ MATERIAL SAFETY DATA SHEETS (Including surfactant and encapsulant)	VII
~ WORKER TRAINING DOCUMENTATION	VIII
✓ TRAINING / MEDICAL SURVEILLANCE PROGRAM	IX
✓ RESPIRATORY PROTECTION PROGRAM / NIOSH AND MSHA CERTIFICATIONS	X
X LANDFILL AND HAULER PERMITS	XI

XI if needed CST will resubmit  
✓ No revision will be submitted





## **Abatement Schedule (draft)**

# MCDONNELL DOUGLAS TORRANCE FACILITY DEMOLITION AND REMEDIATION FOR PHASE 1

# DRAFT

					1996									
ID	Task Name	Duration	Start	Finish	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
1	Project Overview	85.94d	Tue 9/3/96	Tue 12/31/96										
2	Mobilization	10d	Tue 9/3/96	Mon 9/16/96										
3	Temporary Facilities	2w	Tue 9/3/96	Mon 9/16/96										
4	Misc. Hand Demolition	1w	Tue 9/3/96	Mon 9/9/96										
5	Install Temp Fence	2w	Tue 9/3/96	Mon 9/16/96										
6	Reroute Fireline	2w	Tue 9/3/96	Mon 9/16/96										
7	Building 37	75d	Mon 9/9/96	Thu 12/19/96										
8	Soft Demolition/Trash Removal	2w	Mon 9/9/96	Fri 9/20/96										
9	Asbestos Abatement	6w	Mon 9/9/96	Fri 10/18/96										
10	General Decontamination/Removal	1w	Mon 10/21/96	Fri 10/25/96										
11	Light/Ballast Removal	1w	Mon 10/28/96	Fri 11/1/96										
12	Super Structure Demolition	5w	Mon 11/4/96	Thu 12/5/96										
13	Slab Removal	1w	Fri 12/6/96	Thu 12/12/96										
14	Foundation Removal	1w	Fri 12/13/96	Thu 12/19/96										
15	Building 34	39d	Wed 9/11/96	Mon 11/4/96										
16	Soft Demolition/Trash Removal	3d	Wed 9/11/96	Fri 9/13/96										
17	Asbestos Abatement	2w	Mon 9/16/96	Fri 9/27/96										
18	General Decontamination/Removal	1w	Mon 9/30/96	Fri 10/4/96										
19	Light/Ballast Removal	1w	Mon 10/7/96	Fri 10/11/96										
20	Super Structure Demolition	2w	Mon 10/14/96	Fri 10/25/96										
21	Slab Removal	3d	Mon 10/28/96	Wed 10/30/96										
22	Foundation Removal	3d	Thu 10/31/96	Mon 11/4/96										
23	Building 36	18d	Mon 9/23/96	Wed 10/16/96										
24	Asbestos Abatement	1w	Mon 9/23/96	Fri 9/27/96										
25	General Decontamination/Removal	2d	Mon 9/30/96	Tue 10/1/96										
26	Light/Ballast Removal	2d	Wed 10/2/96	Thu 10/3/96										
27	Super Structure Demolition	1w	Fri 10/4/96	Thu 10/10/96										
28	Slab Removal	2d	Fri 10/11/96	Mon 10/14/96										
29	Foundation Removal	2d	Tue 10/15/96	Wed 10/16/96										
30														
31														
32														
33														

prepared by R. Rickard Thu 9/12/96

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# MCDONNELL DOUGLAS TORRANCE FACILITY DEMOLITION AND REMEDIATION FOR PHASE 1

# DRAFT

ID	Task Name	Duration	Start	Finish	1996											
					Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
34	Building 33	24d	Mon 9/30/96	Thu 10/31/96												
35	General Decontamination/Removal	2d	Mon 9/30/96	Tue 10/1/96												
36	Light/Ballast Removal	2d	Wed 10/2/96	Thu 10/3/96												
37	Soft Demolition/Trash Removal	3w	Fri 10/4/96	Thu 10/24/96												
38	Super Structure Demolition	1w	Fri 10/25/96	Thu 10/31/96												
39	Slab Removal	1w	Fri 10/25/96	Thu 10/31/96												
40	Foundation Removal	1w	Fri 10/25/96	Thu 10/31/96												
41	Building 67	41d	Mon 9/30/96	Mon 11/25/96												
42	Asbestos Abatement	1w	Mon 9/30/96	Fri 10/4/96												
43	General Decontamination/Removal	1w	Mon 10/7/96	Fri 10/11/96												
44	Light/Ballast Removal	1w	Mon 10/14/96	Fri 10/18/96												
45	Super Structure Demolition	4w	Mon 10/21/96	Fri 11/15/96												
46	Slab Removal	3d	Mon 11/18/96	Wed 11/20/96												
47	Foundation Removal	3d	Thu 11/21/96	Mon 11/25/96												
48	Building 61	42d	Mon 9/30/96	Tue 11/26/96												
49	Soft Demolition/Trash Removal	1w	Mon 9/30/96	Fri 10/4/96												
50	Asbestos Abatement	2w	Mon 10/7/96	Fri 10/18/96												
51	General Decontamination/Removal	2d	Mon 10/21/96	Tue 10/22/96												
52	Light/Ballast Removal	4d	Wed 10/23/96	Mon 10/28/96												
53	Super Structure Demolition	3w	Tue 10/29/96	Mon 11/18/96												
54	Slab Removal	4d	Tue 11/19/96	Fri 11/22/96												
55	Foundation Removal	2d	Mon 11/25/96	Tue 11/26/96												
56	Building 29	40d	Mon 9/30/96	Fri 11/22/96												
57	Asbestos Abatement	3w	Mon 9/30/96	Fri 10/18/96												
58	General Decontamination/Removal	1w	Mon 10/21/96	Fri 10/25/96												
59	Light/Ballast Removal	3d	Mon 10/28/96	Wed 10/30/96												
60	Super Structure Demolition	2w	Thu 10/31/96	Wed 11/13/96												
61	Slab Removal	1w	Thu 11/14/96	Wed 11/20/96												
62	Foundation Removal	2d	Thu 11/21/96	Fri 11/22/96												
63																
64																
65																
66																

prepared by R. Rickard Thu 9/12/96

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# MCDONNELL DOUGLAS TORRANCE FACILITY DEMOLITION AND REMEDIATION FOR PHASE 1

# DRAFT

ID	Task Name	Duration	Start	Finish	1996											
					Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr				
67	Building 57	27d	Mon 10/7/96	Tue 11/12/96												
68	Asbestos Abatement	2w	Mon 10/7/96	Fri 10/18/96												
69	General Decontamination/Removal	3d	Mon 10/21/96	Wed 10/23/96												
70	Light/Ballast Removal	3d	Thu 10/24/96	Mon 10/28/96												
71	Super Structure Demolition	1w	Tue 10/29/96	Mon 11/4/96												
72	Slab Removal	3d	Tue 11/5/96	Thu 11/7/96												
73	Foundation Removal	3d	Fri 11/8/96	Tue 11/12/96												
74	Building 58	36d	Mon 10/21/96	Fri 12/6/96												
75	Soft Demolition/Trash Removal	2w	Mon 10/21/96	Fri 11/1/96												
76	Asbestos Abatement	2w	Mon 10/21/96	Fri 11/1/96												
77	General Decontamination/Removal	1w	Mon 11/4/96	Fri 11/8/96												
78	Light/Ballast Removal	1w	Mon 11/11/96	Fri 11/15/96												
79	Super Structure Demolition	2w	Mon 11/18/96	Sat 11/30/96												
80	Slab Removal	3d	Sun 12/1/96	Tue 12/3/96												
81	Foundation Removal	3d	Wed 12/4/96	Fri 12/6/96												
82	Remove Railroad Tracks	1w	Thu 10/24/96	Thu 10/31/96												
83	Asphalt Removal	2w	Thu 10/31/96	Thu 11/14/96												
84	Concrete/Asphalt Crushing	3.19w	Mon 11/11/96	Sun 12/1/96												
85	Grading	2w	Mon 12/2/96	Mon 12/16/96												
86	Relocate Permanent Fence	1w	Mon 12/16/96	Mon 12/23/96												
87	Demobilization	1w	Mon 12/23/96	Tue 12/31/96												

prepared by R. Rickard Thu 9/12/96

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11

# Contingency Plan



CST ENVIRONMENTAL, INC

## CONTINGENCY PLAN

1. Electrical Power is Not Available:

Project Manager to contact utility company immediately. If Utility Company is unable to supply back-up generators, cancel all activities. If electrical power can be supplied without delaying work, continue as scheduled.

2. HVAC System is Active:

Contact owner immediately, if owner is unable to accommodate contractor, cancel all activities. If system can be shutdown immediately, continue with scheduled work.

3. Fire:

In the event of fire, cease all work, employ available methods to extinguish or control fire. Determine the need for evacuation, and act accordingly. Decontamination will take least precedence if the situation is life threatening. Notify the required agency. All emergency phone numbers will be posted in decon area and field office.

4. Electrical Power Loss:

Stop all work. Investigate the source of electrical failure and repair as required, if capable. In the event that repairs can not be accomplished, decontaminate workers using normal methods, seal containment. Notify the owner immediately of the situation.

5. Injuries in Work Area:

Determine if the injury is life threatening, if so, decontamination will take least precedence. Do not remove worker from area without proper direction. Upon direction remove worker with the help of others. Contact the required response teams, and notify them of the situation. Provide first aid if trained for the situation. If injury is non life threatening, decontaminate using normal methods. Aid injured worker if necessary. Administer first aid if necessary. Notify the required parties. Follow-up with medical care if necessary.



**CST ENVIRONMENTAL, INC**

**6. Scheduled Work Cannot Be Completed:**

Notify the Owner and key contacts of the situation immediately. Call your Project Manager first.

**7. Breach in Containment Structure:**

In the event that the containment structure becomes breached, STOP ALL WORK. Take measures to repair containment structure immediately. Notify the on-site owners representative of the situation. Request additional air monitoring of the non work area environment adjacent to the work area. If air monitoring provides acceptable levels, allow reoccupancy. If air monitoring provides levels above the acceptable limits, notify the owner immediately of the situation. Vacuum entire area using HEPA filtered vacuum equipment and employ wet wiping techniques as directed by the on-site representative of the owner. Run additional air monitoring as necessary to ensure safe occupancy of the area.

# **Hazard Communication Program**



## **HAZARD COMMUNICATION PROGRAM**

### **INTRODUCTION**

It is the policy of CST Environmental, Inc. that the first consideration in the performance of work shall be the protection of the safety and health of all employees. CST has developed this Hazard Communication Program to ensure that all employees receive adequate information relevant to the possible hazards which may be involved with the various hazardous substances used in the company's operations. The following program outlines how we will accomplish this objective.

### **HAZARD DETERMINATION**

CST Environmental, Inc. does not intend to evaluate any of the hazardous substances purchased from suppliers and/or manufacturers, but has chosen to rely upon the evaluation performed by the manufacturers of the substances to satisfy the requirements for hazard determination.

Although asbestos is a hazardous substance, there is no current MSDS for asbestos. CST employees that have potential asbestos exposure, because of their work related activities, are required to receive certification in the level III Asbestos Abatement Training Programs.

### **CONTAINER LABELING**

- A. No container of hazardous substance will be released for use unless the container is correctly labeled and the label is legible.
- B. All chemicals in bags, drums, pails, etc., will be checked by the receiving department to ensure the manufacturer's label is intact, is legible, and is not damaged in any manner during shipment. Any containers found to have damaged labels will be quarantined until a new label has been installed. A supply of new labels will be obtained from the manufacturer for this purpose.
- C. The label must contain (1) the chemical name of the contents, (2) the appropriate hazard warnings, and (3) the name and address of the manufacturer.



## CST ENVIRONMENTAL, INC

- D. All secondary containers will be labeled with the code number of the formulation which they contain (e.g. CST 120) and the information required on the label will be included in the process sheet. This information must be legible and will be available to all employees in their work area throughout the work shift. The information must include details of all chemicals which are in the referenced container.

Responsibility: The items listed above (A, B, C, & D), will be the responsibility of the Health and Safety Officer (HSO), Paul Zambrano.

### MATERIAL SAFETY DATA SHEETS (MSDS)

- A. Copies of MSDS for all hazardous substances to which our employees may be exposed are kept in the personnel department. The MSDS are available to all employees, at all times, upon request. The HSO will be responsible for maintaining this information.
- B. The HSO will be responsible for reviewing all incoming MSDS for new and significant health/safety information. He will ensure that any new information is passed on to the involved employees.
- C. All incoming MSDS will be reviewed for completeness by the HSO. If MSDS information is missing or obviously incomplete, a new MSDS will be requested from the manufacturer. OSHA will be notified if a complete MSDS is not received and/or if the manufacturer will not supply one. A record will be maintained of all requests for MSDS addressed to manufacturers.
- D. New materials will not be introduced into the manufacturing processes until a MSDS has been received.
- E. The purchasing department will make it an ongoing part of their function to obtain MSDS for all new materials when they are first ordered.

### LIST OF HAZARDOUS SUBSTANCES

This program contains a list of all raw materials used in this facility and contains the names of those materials determined to be hazardous under section 5194 of the General Industry Safety Orders.



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### EMPLOYEE INFORMATION AND TRAINING

All employees will attend an orientation meeting for information and training on the following items prior to starting work with hazardous substances:

- A. An overview of the requirements of the Hazard Communication Standard, including their rights under this regulation.
- B. Information regarding the use of hazardous substances in their specific work areas.
- C. The location and availability of the written hazard communication program. A copy of the program will be available to employees upon request from the HSO.
- D. The physical and health aspects of the hazardous substances in use.
- E. Methods and observation techniques used to determine the presence of or release of hazardous substances in the work area. The industrial hygiene maintenance program carried out by CST will be explained in detail.
- F. The controls, work practices and personal protective equipment which are available for protection against possible exposure.
- G. Emergency and first aid procedures to follow if employees are exposed to hazardous substances.
- H. How to read labels and material safety data sheet to obtain the appropriate hazard information.

It is most important that all of our employees understand the information given in the training. If, as an employee, you have any questions, please contact the HSO.

When new substances are introduced into the workplace, the HSO will review the above training items with each employee as they are related to the new materials.

The HSO will relay all the above information to new employees who will be working with hazardous substances, prior to their starting work.



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### HAZARDOUS NON-ROUTINE TASKS

Infrequently, employees may be required to perform hazardous non-routine tasks. Prior to starting work on such projects, each employee involved will be given information by the supervisor about hazards to which they may be exposed during such an activity.

This information will include:

- A. The specific hazards.
- B. Protective/safety measures which must be utilized.
- C. The measures the company has taken to lessen the hazards, including special ventilation, respirators, the presence of another employee, air sample readings, and emergency procedures.

At the time this program was written there appear to be no general tasks which would come under this category.

### PLAN ADMINISTRATION

This Hazard Communication Program will be monitored by the HSO who will be responsible for ensuring that all facets of the program are carried out and that the program is effective.

If you have any questions regarding this program please contact the HSO.

HAZCOMM.PLN

SECRET  
SECRET  
SECRET



## **Resumes of Key Personnel / Staff Names**



## CST ENVIRONMENTAL, INC

### Subhas "Sage" Khara

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as President and Chief Executive Officer - February 1989 to Present

Sage Khara has over ten years of activity and experience in Corporate Asbestos and Lead Construction Management. During his term of management at Northern Asbestos Abatement Company he established a regional abatement contracting business, developing a new client base that generated revenues of \$17 million in less than two years with a pre-tax profit of 24% for the region. As President of CST Environmental, Inc. since its inception, Mr. Khara has actively directed CST into becoming one of the largest asbestos and lead abatement contractors in California and coordinated successful expansion into the states of Nevada and Texas. CST is currently licensed to do business in 18 states and has performed work in 12 states.

#### EMPLOYMENT HISTORY

February 89 - Present  
Responsibilities:

CST Environmental, Inc.  
President, Chief Executive Officer

February 85 - February 89  
Responsibilities:

Northern Asbestos Abatement Company  
Vice President/Regional Manager

August 80 - January 84  
Responsibilities:

University of Connecticut  
Assistant to Vice President of Finance/Assistant Director of  
Real Properties and Telecommunications

#### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* AHERA 40 hour Supervisors/Competent Person Certificate
- \* University of Connecticut - M.B.A.
- \* Institute of Technology BHU - B. Tech. Mechanical Engineering
- \* Member - National Asbestos Council, L.A. Chamber of Commerce, Building Owners Managers Association (BOMA)

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST

# CST ENVIRONMENTAL, INC

## Joseph "Chet" Chelstowski

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as Vice President of Marketing/Corporate Secretary-Treasurer - February 1989 to Present

Joseph Chelstowski has over fourteen years of business development and sales experience. He has been responsible for developing new sales and marketing programs for multi-million dollar firms. He has vast experience in the sales management field and is currently responsible for an estimated \$10,000,000 in sales. He has extensive experience in marketing and developing proven relationships with building owners and facilities engineering personnel, and is also responsible for developing and maintaining new accounts with both international and domestic industrial hygiene firms.

### EMPLOYMENT HISTORY

February 89 - Present Responsibilities:	CST Environmental, Inc. Vice President/Secretary/Treasurer/Regional Sales Manager
July 85 - February 89 Responsibilities:	Northern Asbestos Abatement Company Estimator/Sales Management
October 83 - July 85 Responsibilities:	J.V. Electronics Sales Manager/Marketing Development
May 82 - October 83 Responsibilities:	TNT Electronics Sales Representative/Marketing

### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* AHERA Practices and Procedures for Asbestos Control - University of Kansas
- \* University of New Hampshire - Bachelor of Science
- \* Member - National Asbestos Council (NAC), L.A. Chamber of Commerce, Building Owners Managers Association (BOMA)

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST

# CST ENVIRONMENTAL, INC

## Thomas J. Moore

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as Vice President of Operations - February 1989 to Present

Thomas Moore has over eleven years of asbestos construction management, supervision, estimating and planning experience. His responsibilities have included project schedule assurance, quality and safety assurance, complete company personnel coordination, and purchasing and budget planning. He has successfully completed over 400 projects ranging from \$2,000 to \$4,000,000 in contract value. His field of experience included occupied high-rise structures and the most recent involved the removal of fireproofing on a raised false floor platform above an occupied shopping mall. He has vast experience in industrial and commercial project with extensive knowledge in Type C supplied air, VEC loader asbestos removal systems, HVAC, and mechanical building systems.

### EMPLOYMENT HISTORY

February 89 - Present  
Responsibilities:

CST Environmental, Inc.  
Vice President/Regional Operations Manager

November 84 - February 89  
Responsibilities:

Northern Asbestos Abatement Company  
Regional Safety Director/Regional Operations Manager

### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* EPA 40 hour Supervisor/Competent Person for Asbestos Control - Tufts University
- \* Northern Essex Community College - Associate Degree, Criminal Justice

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST



## CST ENVIRONMENTAL, INC

### Patrick William Hussey

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as General Superintendent - October 1989 to Present

Over 18 years of activity and experience in the construction industry. Involved with all phases of construction in residential, commercial and industrial facilities, from minor renovations to complete high rise construction. Over 11 years of asbestos and lead abatement experience. Extensive experience in all aspects of asbestos and lead abatement from design to completion, in occupied and unoccupied buildings of every type, i.e. hospitals, high rise buildings, schools, defense plants, industrial, commercial, and residential.

#### EMPLOYMENT HISTORY

October 89 - Present Responsibilities:	CST Environmental, Inc. General Superintendent
February 85 - October 89 Responsibilities:	Northern Asbestos Abatement Company Supervisor/Senior Project Manager
June 77 - February 84 Responsibilities:	S & M Sakamoto, Inc., General Contractor Journeyman Carpenter

#### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* Asbestos Certified Training - AHERA Contractors/Supervisors Certificate
- \* Lead Certified Training - Lead Based Paint Contractors/Supervisors Certificate
- \* Dan Napier and Associates - AHERA Contractors/Supervisors Certificate
- \* Kellco Training Institute - AHERA Contractors/Supervisors Certificate
- \* Northern Asbestos Abatement Company - Supervisors Certificate
- \* Asbestos Training Academy - Supervisors Certificate
- \* Carpenters Local 745 - Journeyman Carpenter/Foreman
- \* N.Y. Department of Environmental Protection - Supervisors License
- \* Hazardous Waste Hauler Certificate
- \* Hazardous Waste Hauler Driver's Licenses Endorsement
- \* American Heart Association - CPR & Emergency Cardiac Care
- \* MEDIC First Aid Training Program - Basic First Aid/CPR

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST





## CST ENVIRONMENTAL, INC

### REFERENCES

Selected projects supervised by  
Patrick Hussey

8th, 10th, 12th and 21st Floors  
1900 Avenue of the Stars  
Los Angeles, CA

Shuwa Investment Company  
Los Angeles, California  
Carl Gerber, (213) 489-2757

California Tower  
Riverside, CA

Riverside Redevelopment Agency  
Tilden-Coil Constructors, Inc.  
Riverside, California  
Brian Jaramillo, (909) 684-5901

Vacant JC Penney Store  
Huntington Beach, CA

The Macerich Company  
Ventura, California  
Robert Aptaker, (805) 650-0589

Los Angeles Federal Building

Grinnell Fire Protection Systems for  
General Services Administration  
Los Angeles, California  
Dan Hurley, (714) 870-1010

El Dorado High School  
Las Vegas, NV

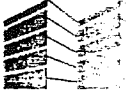
Clark County School District  
Las Vegas, Nevada  
Sam Romero, (702) 799-0987

South Coast Plaza (shopping center)

South Coast Plaza Partnership  
Costa Mesa, CA 92626  
David Grant, (714) 241-1700

Jet Propulsion Laboratory

California Institute of Technology (Cal-Tech)  
Pasadena, CA 91109  
William C. Rodriguez, (818) 354-4321



## CST ENVIRONMENTAL, INC

### Ronald "Ricky" Rickard

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as Project Manager / Supervisor - October 1989 to Present

Over 11 years experience in the asbestos and lead abatement industry. Involved with the removal of asbestos and lead containing materials from occupied and unoccupied buildings of every type i.e. high rise buildings, schools, industrial and commercial. Removal includes but is not limited to fireproofing, thermal insulation, roofing materials, flooring material and lead containing paint. Over 6 years experience in the construction industry as a heavy equipment operator.

#### EMPLOYMENT HISTORY

October 1989 - Present  
Responsibilities:

CST Environmental, Inc.  
General Superintendent

September 1985 - October 1989  
Responsibilities:

Northern Asbestos Abatement Company  
Supervisor

#### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* Ecologics - AHERA Supervisors/Competent Person Certificate
- \* Ecologics - Lead Based Paint Supervisors/Competent Person Certificate
- \* Metcalf & Eddy - AHERA Supervisors/Competent Person Certificate
- \* Northern Asbestos Abatement Company - Supervisors Certificate
- \* Asbestos Training Academy - Supervisors Certificate
- \* Operating Engineers Local 3 - Journeyman

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST



## **CST ENVIRONMENTAL, INC**

### **REFERENCES**

Selected Projects Supervised by  
Ricky Rickard

Boiler Stack #3  
Los Alamitos Generating Station

America Sings / People Mover  
Disneyland

Century Plaza Towers - 4th Floor

Dunes and Cornerstone Motels  
Anaheim, CA

Various Projects - On Going

Topanga Plaza - Various Projects

A & I Residence Hall

Los Angeles Convention Center

Northridge Mall

Southern California Edison Company  
Long Beach, California  
Don Watson, (310) 493-7355

Walt Disney Imagineering Co.  
Anaheim, California  
John Dregar

Delta Towers Joint Venture /  
Premisys Real Estate Services  
Los Angeles, California  
Catherine Shelton, (310) 226-7400

Disney Development Company  
Burbank, California  
Steve Scarborough, (818) 955-6700

Northrop Corporation  
El Segundo, California  
Mike Mollica, (310) 331-7427  
Anne Buezis, (310) 332-2958

Centermark Properties  
Canoga Park, California  
Scott Reinstein, (818) 594-8732

University of California, Riverside  
Riverside, California  
John Payne, (714) 282-2525  
Ambient Environmental Inc.

Pinner Construction Co.  
Anaheim, California  
Larry Kolves, (714) 490-4000

MEPC American Propertis, Inc.  
Dallas, Texas  
Lou Magnifico (714) 671-1072  
Professional Service Industries



## CST ENVIRONMENTAL, INC

### Richard D. Bales

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as Vice President, Demolition - January 1996 to Present

Mr. Bales is the Vice President of CST's Demolition Division. Dick has over seventeen years of management experience in the civil engineering and construction field. During this time, he has been responsible for major demolition, building and environmental remediation projects for large manufacturing, utility and aerospace clients, among others. His extensive and varied experience in the construction industry has provided him with invaluable knowledge in all aspects of remediation, construction and demolition. He is responsible for managing all estimating, job costing and scheduling, recyclable material, preparation of preliminary budgets (usually on multiple schemes), and for formulating value engineering suggestions.

Mr. Bales will often act as the single point of contact on a project and lends continuity to a project by working on it from the preliminary budget phase on through final demolition.

#### EMPLOYMENT HISTORY

January 96 - Present Responsibilities:	CST Environmental, Inc. Vice President, Demolition
March 92 -December 95 Responsibilities:	TEG, The Environmental Group Vice President, Demolition Services
April 90 - March 92 Responsibilities:	Aman Environmental, Inc. Director of Operations
December 85 - April 90 Responsibilities:	Overton Moore & Associates Senior Project Manager

#### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* OSHA 8-hour Asbestos Certification
- \* California State University, Pomona - Bachelor of Science
- \* HAZWOPPER 40-hour Training
- \* CPR and Medic First Aid Certified

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST



## CST ENVIRONMENTAL, INC

### Tommy D. May

CST Environmental, Inc.  
2100 East Via Burton Street  
Anaheim, CA 92806

Active as Director of Operations, Demolition - February 1996 to Present

Mr. May has over twenty years of diversified construction and demolition experience. He has been a responsible force in the operational planning, development and supervision of strategic projects. He has managed large plant closures, multi-story demolition projects and a wide variety of construction projects. His extensive experience has enabled him to manage multiple projects, large work forces, as well as providing outstanding service to the client.

#### EMPLOYMENT HISTORY

February 96 - Present Responsibilities:	CST Environmental, Inc. Director of Operations, Demolition
April 94 - February 96 Responsibilities:	Rivco Construction General Superintendent
April 93 - April 94 Responsibilities:	TEG, The Environmental Group Director of Operations
August 90 - April 94 Responsibilities:	Performance Construction General Superintendent
January 88 - August 90 Responsibilities:	May Development Owner/General Manager

#### TRAINING/CERTIFICATES/MEMBERSHIPS

- \* OSHA 8-hour Asbestos Certification
- \* HAZWOPPER 40-hour Training
- \* CPR and Medic First Aid Certified
- \* Southern California College, Costa Mesa, 2 years
- \* Long Beach City College, Long Beach, 2 years

CERTIFICATES AND PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST

**MCDONNELL DOUGLAS**

**STAFF LISTING**

Hector Cota  
Spasoje Dobric  
Angel Enriquez  
Bozena Gajczak  
Jacek Gajczak  
Fid el Garcia  
Raul Garcia  
Mauricio Henriquez  
Armando Hernandez  
Nicolae Ghedrghe  
Nicolae Lacau  
Francisco Meza  
Fernando Miranda  
Oscar Miranda  
Miroslau Militiev  
Nicusor Mititelu  
Stefan Mititelu  
Abed Asis Navarro  
Mauro Nunez  
Antonio Padilla  
Herman Portillo  
Norman Perez  
Ricky Rickard  
Douglas Rivas  
Miguel Roman  
Hector Rosales  
Esteban Sagastume  
Thomas Takuski  
Manuel Torres  
Segio Torres  
Oscar Vega  
Ruben Vega  
Domingo Velasco



## Permits and Licenses



STATE OF CALIFORNIA—CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR  
P.O. BOX 806  
SACRAMENTO, CA 95812-0806

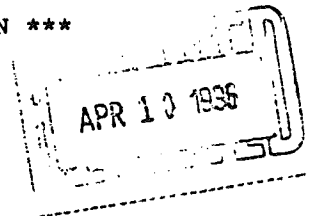


(916) 323-3219

\*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

CST Environmental, Inc.  
2100 E, Via Burton Street  
Anaheim, California 92806



TRANSPORTER REGISTRATION NO: 2629

EXPIRATION DATE: May 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

  
(AUTHORIZED SIGNATURE)

APR 05 1996

(DATE)

cc: California Highway Patrol

(RENEWAL #7)  
State of California



Department of Industrial Relations  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

*Certificate of Registration  
for  
Asbestos-related Work*

Certificate No. 177

Expiration Date JANUARY 20, 1997

CST ENVIRONMENTAL, INC.

(Name of Employer)

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5, for asbestos-related work.

JANUARY 4, 1996

Date of Issuance

  
Chief

Division of Occupational Safety and Health

EFFECTIVE DATE: JANUARY 21, 1996

CSLB NO. 549566

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating  
"Danger-Asbestos.  
Cancer and Lung Hazard.  
Keep Out."
4. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
5. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
6. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of Title 8 of the California Administrative Code.

STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: RICHARD DE WAYNE BALES

License No.: 549566

Business Name: CST ENVIRONMENTAL INC

WITNESS my hand and official seal this

10th day of april 1996

*David R. Phillips*  
Registrar of Contractors

13L-36 (12-91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 6921

STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD  
DEPARTMENT OF  
**Consumer Affairs**

*Building Quality*

**ASBESTOS CERTIFICATION**

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: **SUBHAS KHARA**

License No.: **549566**

Namestyle: **C S T ENVIRONMENTAL, INC.**

WITNESS my hand and official seal this  
19th day of JANUARY 1989

*David R. Phillips*  
Registrar of Contractors

13L-35 (7/88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A5016

**Consumer Affairs** State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE

License Number **549566** Entity **CORP**


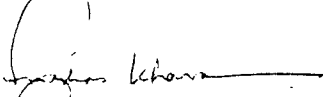
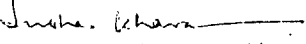

Business Name **C S T ENVIRONMENTAL INC**

Classifications **ASB B C-2 A C21**

Expiration Date **11/30/96**

## Permits and Licenses

Enclosed please find State Contractors License, Asbestos Certification, CAL/OSHA registration, and Hazardous Waste Hauler Registration.

<p>State of California</p> <p><b>Contractors State License Board</b></p> <p>Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:</p> <p><b>C S T ENVIRONMENTAL INC</b></p>	
   Signature of Licensee   Signature of License Qualifier	<p>to engage in the business or act in the capacity of a contractor in the following classification(s):</p> <p><b>B - General Building Contractor</b> <b>ASB - Asbestos Certified</b> <b>C-2 - Insulation and Acoustical</b></p> <p>Witness my hand and seal this day,  <b>November 26, 1990</b>  Issued November 23, 1988 <b>CERTIFIED COPY</b></p> <p> <b>Consumer Affairs</b></p> <p> Registrar of Contractors</p> <p><b>549566</b> License Number</p> <p><small>This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.</small></p>

LC 24 REV. 1/89

**№ 276631**

V

# Notifications

ORIG. 08/23/96



# **SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT NOTIFICATION OF DEMOLITION OR ASBESTOS REMOVAL**

21865 E. Copley Drive, Diamond Bar, CA 91765-4182 (909) 396-2000

AQMD USE ONLY		SCREEN BY	RECEIVED	POSTMARK	ENTERED BY	NOTIFICATION #
COMPLETED BY ROBERT/ALYRHEE COMPANY CST ENVIRONMENTAL, INC. PHONE (714) 991-8300						
DATE 08/23/96		CHECK #	FEE \$ 281,60	PROJECT # 97-109A		
NOTIFICATION TYPE	ORIGINAL <input checked="" type="checkbox"/>	REVISION DATES	REVISION OTHER (HIGHLIGHT)		CANCELLATION	
PROJECT TYPE	DEMOLITION	ORDERED DEMOLITION	<u>RENOVATION (REMOVAL)</u>	EMERGENCY RENO	PLANNED RENO (ANNUAL)	
SITE INFORMATION	SITE NAME MC DONNELL DOUGLAS - TORRANCE FACILITY					
SITE ADDRESS 1414 190TH STREET						
CITY TORRANCE	STATE CA	ZIP 90501	COUNTY LOS ANGELES			
DESCRIBE WORK LOCATION THROUGHOUT BUILDING						
BUILDING SIZE (SQ FT)	509,050	NUMBER OF FLOORS	4	BUILDING AGE (YEARS)	45	NUMBER OF DWELLING UNITS
PRESSENT USE	<u>COMMERCIAL</u>	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE	PUBLIC BLDG.
PRIOR USE	<u>COMMERCIAL</u>	HOSPITAL	INDUSTRIAL	MISCELLANEOUS	OFFICE	PUBLIC BLDG.
SITE OWNER MC DONNELL DOUGLAS REALTY		ADDRESS 4060 LAKEWOOD BOULEVARD STE# 600				
CITY LONG BEACH	STATE CA	ZIP 90808	CONTACT MARIO STAVALE	PHONE 310/ 6273014		
REQUIRED BUILDING INFORMATION	ASBESTOS PRESENT? <u>YES</u> NO	ASBESTOS SURVEY? <u>YES</u> NO	ASBESTOS REMOVED? <u>YES</u> NO	BUILDING TO BE DEMOLISHED? <u>YES</u> NO		
PROJECT DATES	START	END	WORK SHIFT (am/pm)			
REMOVAL DATES	START 09/06/96	END 12/31/96	WORK SHIFT (am/pm)			
ASBESTOS AMOUNT TO BE REMOVED (in square feet)	FRIABLE 58,300 SQ FT	CLASS I 429,000 SQ FT	CLASS II	TOTAL REMOVED (add row) 487,300 SQ FT		
ASBESTOS REMOVED FROM	<u>SURFACES</u>	<u>PIPES</u>	COMPONENTS			
DESCRIBE THE MATERIALS	ACOUSTIC CEILING	LINOLEUM	<u>INSULATION</u>	<u>FIRE PROOFING</u>	DUCTING	<u>ROOFING</u>
FLOOR TILES (VAT)	DRY WALL	PLASTER	TRANSITE	<u>OTHER (describe) PLEASE SEE ATTACHED LISTING.</u>		
CONTRACTOR INFORMATION		CSLB LICENSE # 549566	OSHA REG # 177	AQMD ID # 97739		
NAME CST ENVIRONMENTAL, INC.		ADDRESS 2100 E. VIA BURTON				
CITY ANAHEIM	STATE CA	ZIP 92806	SITE SUPVR RICKY RICKARD	PHONE (714) 991-8300		
WASTE TRANSPORTER #1 FALCON DISPOSAL	LANDFILL COPPER MOUNTAIN LANDFILL					
ADDRESS 2531 EAST 67TH STREET	ADDRESS AVENUE 34E, COUNTY 12TH STREET					
CITY LONG BEACH	STATE CA	ZIP 90805	CITY WELTON	STATE AZ	ZIP 85356	



<b>WASTE TRANSPORTER #2</b>			<b>WASTE STORAGE SITE</b>		
<b>DRESS</b>			<b>ADDRESS</b>		
Y	STATE	ZIP	CITY	STATE	ZIP

CONTROLS: DESCRIBE WORK PRACTICES AND CONTROLS TO BE USED AT THE DEMOLITION AND RENOVATION SITE. FOR ASBESTOS REMOVAL WORK, INDICATE RULE 1403 PROCEDURE # 1, 2, 3, 4 OR 5 OR COMBINATIONS OF PROCEDURES USED. FOR PROCEDURES 4 AND 5, SUBMIT PLANS FOR AQMD PRIOR APPROVAL. PROCEDURE #:

ONE AND THREE

ASBESTOS DETECTION PROCEDURE: DESCRIBE THE METHODS AND PROCEDURES USED TO DETERMINE WHETHER ASBESTOS IS PRESENT AT THE SITE, INCLUDING THE ANALYTICAL METHODS:

PLM

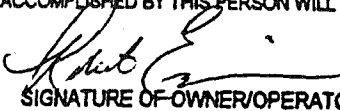
FOR ORDERED DEMOLITION SEND A COPY OF THE ORDER AND GIVE THE AGENCY NAME:  
 AUTHORIZING PERSON: \_\_\_\_\_ TITLE \_\_\_\_\_  
 DATE OF ORDER: \_\_\_\_\_ DATE ORDERED TO BEGIN: \_\_\_\_\_

FOR EMERGENCY ASBESTOS REMOVAL GIVE THE NAME AND PHONE NUMBER OF THE PERSON DECLARING/AUTHORIZING THE EMERGENCY, DATE AND HOUR OF EMERGENCY AND DESCRIBE THE SUDDEN, UNEXPECTED EVENT:

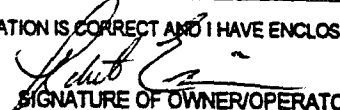
EXPLAIN HOW THE EVENT WOULD CAUSE UNSAFE CONDITIONS, EQUIPMENT DAMAGE OR UNREASONABLE FINANCIAL BURDEN:

CONTINGENCY PLAN: DESCRIBE ACTIONS AND PROCEDURES TO BE FOLLOWED IF UNEXPECTED ASBESTOS IS FOUND DURING DEMOLITION OR NONFRIABLE ASBESTOS MATERIAL BECOME CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS DOUBLED AND LABELED

TRAINING CERTIFICATION: I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION AQMD RULE 1403 AND NESHAP WILL BE ON-SITE DURING THE REMOVAL AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR	 SIGNATURE OF OWNER/OPERATOR	DATE 08/23/96
---	---	---------------

INFORMATION CERTIFICATION: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I HAVE ENCLOSED ANY REQUIRED ATTACHMENTS.

ROBERT ESPINOSA PRINT NAME OF OWNER/OPERATOR	 SIGNATURE OF OWNER/OPERATOR	DATE 08/23/96
---	---	---------------

NOTIFICATIONS ARE NOT ACCEPTED WITHOUT THE REQUIRED ASBESTOS FEE (AQMD Rule 301). REMOVAL LESS THAN 100 SQUARE FEET ARE EXEMPT FROM NOTIFICATION AND FEES. PLEASE MAKE CHECK PAYABLE TO "SCAQMD". FEES ARE PER NOTIFICATION, NOT REFUNDABLE, AND VARY ACCORDING TO THE ASBESTOS AMOUNT TO BE REMOVED. FEES ARE AS FOLLOWS:

FROM 100 TO 1,000 SQUARE FEET	\$ 10.24	DEMOLITIONS	\$ 25.60
FROM 1,001 TO 5,000 SQUARE FEET	\$ 76.81	REVISIONS	\$ 10.24
FROM 5,001 TO 10,000 SQUARE FEET	\$179.20	CANCELLATIONS	\$ 00.00
MORE THAN 10,000 SQUARE FEET	\$281.64	PROCEDURE 4 OR 5 PLANS	\$281.64

NOTE: STATE LAW REQUIRES THAT YOU GIVE A COPY OF DEMOLITION NOTIFICATIONS TO YOUR LOCAL BUILDING AND SAFETY DEPARTMENT. PLEASE KEEP A COPY.

MAIL ORIGINAL TO: SCAQMD, RULE 1403 ASBESTOS NOTIFICATIONS, P.O. BOX 4950, DIAMOND BAR, CA 91765-0950  
 TELEPHONE : (909) 396-2338 FAX: (909) 396-3342

# CST ENVIRONMENTAL, INC

## MC DONNELL DOUGLAS - TORRANCE FACILITY

### FRIABLE :

FIRE PROOFING	47,000
PIPE INSULATION	10,000
FIRE DOORS	800
VIB JOINT CLOTH	500
<hr/>	
SUB - TOTAL	60,000 sq ft

### NON - FRIABLE :

ROOFING	191,000
VAT & MASTIC	94,000
WINDOW PUTTY	20,000
PENETRATION MASTIC	6,000
ASBESTOS WEATHERPROOFING	118,000
ON CORRUGATED METAL SIDING	<hr/>
SUB - TOTAL	429,000 sq ft

REMOVAL OF APPROX. 487,300 SQ FT TOTAL

**TEMPORARY WORKSITE NOTIFICATION FOR ASBESTOS  
and METHYLENEDIANILINE-RELATED WORK**

COMPANY/EMPLOYER NAME: CST ENVIRONMENTAL, INC. 97-109A

HEADQUARTERS ADDRESS: 2100 EAST VIA BURTON STREET, CA 92806

\*CONTRACTORS STATE LICENSE BOARD LICENSE NUMBER: 549566

DOSH-OCCU (CAL/OSHA) \*ASBESTOS REGISTRATION NUMBER: 177  
and/or "REPORT OF USE" REGISTRY NUMBER: \_\_\_\_\_

ADDRESS OF TEMPORARY WORKSITE and PRECISE LOCATION: MCDONNELL DOUGLAS - TORRANCE  
1414 190TH STREET, TORRANCE, CA 90501

NEAREST INTERSECTION: 190TH AND WESTERN

TYPE OF BUSINESS: COMMERICAL

\*NAME OF CERTIFIED SUPERVISOR: RICKY RICKARD

\*NAME OF QUALIFIED PERSON IN CHARGE OF AIR MONITORING,  
LABORATORY WORK, AND RESPIRATORS: RICKY RICKARD / EDM / PAUL ZAMBRANO

\*NAME OF CERTIFIED CONSULTANT: FORENSIC -

PROJECTED JOB STARTING DATE: 09/06/96 PROJECTED COMPLETION DATE: 12/31/96

DESCRIBE TYPE, SCOPE AND WORK PRACTICES OF JOB: REMOVAL OF APPROX 487,300 SQ FT  
OF FRIABLE AND NON-FRIABLE THROUGHOUT. SEE ATTACHED FOR LISTED INFORMATION.  
FULL CONTAINMENT, WET REMOVAL METHOD, PROTECTIVE CLOTHING, RESPIRATORS, PRESSURE  
DIFFERENTIAL SYSTEMS USING HEPA FILTRATION SYSTEMS, DISPOSE INTO 6 MIL PLASTIC BAGS  
DOUBLED AND LABELED.

EVALUATION OF POTENTIAL FOR EXPOSURE: NO POTENTIAL EXPOSURE EXPECTED. WORKERS WILL  
DON RESPIRATORY PROTECTION AND PROTECTIVE CLOTHING.

ESTIMATED NUMBER OF EMPLOYEES ON THIS JOB: 10-12

ACCORDING TO TITLE 8 CCR SECTIONS 341.9 AND 1529(r) for ASBESTOS and 5200(p) for MDA, PLEASE  
SEND THIS COMPLETED NOTICE TO THE NEAREST DISTRICT COMPLIANCE OFFICE (SEE  
ATTACHED LISTING), NOT TO DOSH HEADQUARTERS OR TO DOSH CONSULTATION, PRIOR TO  
COMMENCEMENT OF ANY SUCH WORK ACTIVITY.

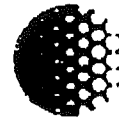
NOTE: ANY CHANGE IN THE INFORMATION PROVIDED TO THE DISTRICT OFFICE BY THE  
WRITTEN NOTICE SHALL BE REPORTED TO THE DISTRICT OFFICE WITHIN 24 HOURS OF  
SUCH CHANGE.

\* The star denotes asbestos inquiry only

CAL/OSHA 183B  
May, 1993



## **Product Data Sheets**



**CRSI**

Control Resource Systems, Inc.

A Subsidiary of Control Resource Industries, Inc.

670 Mariner Drive  
Michigan City, Indiana 46360  
Phone (219) 872-5591 (800) 272-3786  
Facsimile (219) 872-0070  
(219) 874-9054

LETTER OF CERTIFICATION

This letter certifies that the air filtration equipment produced by CONTROL RESOURCE SYSTEMS, INC., (CRSI), i.e., "CRSI NEGATIVE AIR UNITS" are manufactured in accordance with American National Standard Z9.2 1979 Fundamentals Governing the Design and Operations of Local Exhaust Systems and Federal Standard 209-B for class 100 air.

This unit meets guidelines set forth by both OSHA and the EPA. It also meets California South Coast Air Quality Regulations pertaining to Rule 1403 that the standard HEPA filter is 99.97% efficient at .3 microns.

The units that are covered by this letter of certification are as follows:

CRSI 600L  
CRSI 900  
CRSI 1800  
CRSI 2000  
CRSI 2000 1 & 2 Speed Unit  
CRSI Eagle  
CRSI Eagle II

All CRSI negative air systems are DOP tested at the factory.

If you have any questions or require more information, please do not hesitate to call.

Sincerely,

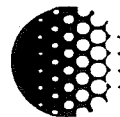
CONTROL RESOURCE SYSTEMS, INC.  
CUSTOMER SERVICE DEPARTMENT

/kjh

"Architects of Clean Air"

\*\* TOTAL PAGE.002 \*\*

FEB 05 1990



**CRSI**  
Environmental Systems  
A Subsidiary of Control Resource Industries, Inc.

670 Mariner Drive  
Michigan City, Indiana 46360  
Phone (219) 872-5591 (800) 272-3786  
Facsimile (219) 872-0070  
(219) 874-9054  
Telex 753007

CONTROL RESOURCE SYSTEMS, INC.  
CUSTOMER SERVICES REPORT

Feb. 1, 1990

Page 1

LETTER OF CERTIFICATION  
CRSI-NEGATIVE AIR UNITS 600L-900-1800-2000-6000-9000 CFM

ST100  
1ST ENVIRONMENTAL  
2524 E. FENDOR AVENUE  
SUITE ONE  
FULLERTON CA 92631-

TTN:AMBER NOLAN

THIS LETTER CERTIFIES THAT THE AIR FILTRATION EQUIPMENT PRODUCED BY CONTROL RESOURCE SYSTEMS, INC. (CRSI), i.e. "CRSI-NEGATIVE AIR UNITS" ARE MANUFACTURED IN ACCORDANCE WITH AMERICAN NATIONAL STANDARD Z9.2 1979 FUNDAMENTALS GOVERNING THE DESIGN AND OPERATIONS OF LOCAL EXHAUST SYSTEMS" AND FEDERAL STANDARD 209-B FOR CLASS 100 AIR.

THIS UNIT MEETS GUIDLINES SET FORTH BY BOTH OSHA AND THE EPA, AND ALSO MEET CALIFORNIA SOUTH COAST AIR QUALITY REGULATIONS PERTAINING TO RULE 1403 THAT THE STANDARD HEPA FILTER IS 99.97% EFFICIENT AT .3 MICRON.

ALL CRSI NEGATIVE AIR SYSTEMS ARE FACTORY DOP TESTED AT THE FACTORY.

IF YOU HAVE ANY QUESTIONS OR REQUIRE MORE INFORMATION, PLEASE DO NOT HESITATE TO CALL.

SINCERELY

DAVID BROOKS: MANAGER, CUSTOMER SERVICES  
CONTROL RESOURCE SYSTEMS, INC.  
670 MARINER DR.  
MICHIGAN CITY, IN 46360

(219) 872-5591  
(800) 272-3786

"Architects of Clean Air"



**PULLMAN/HOLT CORPORATION**

P.O. Box 10047 • Denver, Colorado 80207 • Phone 303-733-1111 • Telex 977-3221

March 14, 1990

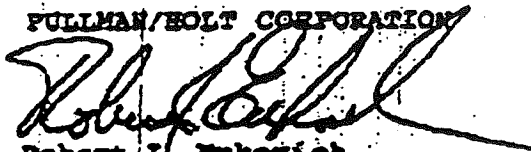
To Whom It May Concern:

This is to certify that the exhaust air stream emitted from a properly assembled and maintained PULLMAN/HOLT vacuum cleaner or air moving device equipped with a H.E.P.A. filter meets or exceeds O.S.H.A. standard 1910-1001 as amended and all applicable sections of A.N.S.I. Z9.2 for asbestos fiber concentration.

Each H.E.P.A. filter is individually tested per MIL-STD. 282 and certified by the filter manufacturer for a minimum efficiency of 99.97% on 0.3 micron particles.

Sincerely,

PULLMAN/HOLT CORPORATION



Robert J. Zukovich  
Vice President  
Sales and Marketing

31

Labelled White Map White Company





# United States Testing Company, Inc.

3668 TELEGRAPH ROAD • LOS ANGELES, CALIFORNIA 90040 • 213-723-7181 • Fax 213-722-8251

## REPORT OF TEST

**TRANSMERICAN PLASTICS**  
 8601 East Santa Ana Street  
 Ontario, CA 91761-8699

187279-4  
 4/23/92

**SUBJECT - FLAMMABILITY OF POLYETHYLENE SHEETING**

### REFERENCES:

1. Client's Purchase Order Number 20697 dated March 11, 1992.
2. Our confirmation to the Client dated April 2, 1992.

### SAMPLE IDENTIFICATION:

The Client submitted and identified the sample material as: Polyethylene sheeting containing 1st 1147 fire retardant.

### TEST REQUEST AND METHOD:

Flammability per National Fire Protection Association (NFPA) 701, "Standard Methods of Fire Tests for Flame Resistant Textiles and Films", 1989 Edition. (Large Scale Tests) - Flat specimens.

### Requirements:

1. No specimen shall continue flaming for more than two seconds after the test flame is removed from contact with the specimen.
2. The length of char on any single specimen of the material in the flat form shall not exceed 17 inches, including the 7 inches exposed to the flame.
3. At no time during or after the application of the test flame shall any portion or residues of the material being tested break or drip from the specimen and fall to the floor and continue flaming after reaching the floor of the test apparatus.

Signed for the Company:

*Greg Banasky*  
 Greg Banasky  
 Test Technician

*Michael S. Elliott*  
 Michael S. Elliott  
 Director/Fire Tech. Dept.

Page 1 of 2



Member of the BSI Group (British Standards Institution)

• Biology • Chemistry • Environmental • Materials • Facilities in Principal Cities •

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2266 P02

TEL NO: 909 390 8664

187279-4

## UNITED STATES TESTING COMPANY, INC.

CLIENT: TRANSAMERICAN PLASTICS

187275-4  
4/23/92TEST RESULTS:

<u>Specimen Number</u>	<u>Afterflame (Seconds)</u>	<u>Char Length (inches) Including Flame Application Area</u>
1	0	9.0
2	0	14.0
3	0	12.0
4	0	15.0
5	0	12.0

Note: Due to no apparent machine direction, only five specimens were tested.

OBSERVATIONS:

All specimens exhibited shrinking away from the flame source. Afterflaming was not observed on any of the specimens tested. Neither flaming drips nor falling residue was observed.

CONCLUSION:

The submitted polyethylene sheeting containing 15% 1147 fire retardant meets the requirements of NFPA 701, 1989 Edition, Large Scale Test - flat specimens.

App'd by *ME*

Page 2

#296 P03

TEL NO: 909 390 8664

UCI-18-75 WED 12:08 10:18AM TRANSAMERICAN

BOSTON FIRE DEPARTMENT  
FIRE PREVENTION DIVISION  
115 SOUTHAMPTON STREET  
617-343-3527

FIRE COMMISSIONER  
MARTIN E. PIERCE JR.

FIRE MARSHALL  
DEPUTY CHIEF JOSEPH M. FLEMING

Reference Cert. :# 32809  
Date of Application: July 19, 1993  
Valid Until: 07/18/96

TRANSAMERICAN PLASTICS  
SHASHANK PATEL  
5601 E SANTA ANA ST  
ONTARIO, CA 91761

RE: TRANSAMERICAN PLASTICS, TAPFR 50, 4 MIL

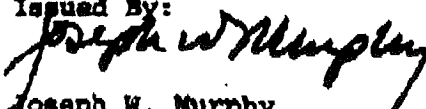
The material identified above, which you submitted for classification under the Boston Fire Prevention Code, was evaluated and found ACCEPTABLE for use as a TEMPORARY ENCLOSURE(S) in accordance with Article 7.12 (a).

Upon application for a specific occupancy and location the use of this material would be allowed subject to restrictions and limitations deemed necessary by the Boston Fire Department. The Reference Certificate number 32809 should be cited on all applications.

This finding does not constitute an approval of this product for TEMPORARY ENCLOSURE(S) or anything else. Furthermore, the classification of the material for use as a TEMPORARY ENCLOSURE(S) is valid ONLY in the City of Boston where the Jurisdiction of the Boston Fire Department is applicable. The Boston Fire Department is not responsible for any use or approval of the material outside the City of Boston.

Installation and operations conducted within and in the vicinity of TEMPORARY ENCLOSURE(S) are subject to controls and limitations imposed by the District Fire Chief.

Issued By:

  
Joseph W. Murphy  
Fire Department Chemist

**U.S. DEPARTMENT OF LABOR**  
Occupational Safety and Health Administration

Form Approved  
OMB No. 44-R1387

# MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing,  
Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

## SECTION I

MANUFACTURER'S NAME Armin Corporation		EMERGENCY TELEPHONE NO. (201)432-8032
ADDRESS (Number, Street, City, State, and ZIP Code) 301 West Side Avenue, Jersey City, New Jersey 07305		
CHEMICAL NAME AND SYNONYMS Polyethylene	TRADE NAME AND SYNONYMS Polyethylene Film	
CHEMICAL FAMILY Polyolefin	FORMULA (CH <sub>2</sub> -CH <sub>2</sub> ) <sub>n</sub>	

## SECTION II - HAZARDOUS INGREDIENTS N/A

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				%	TLV (Units)
This product is not classified as a "hazardous" material in normal use					
as defined in the U.S. Department of Labor Regulations 29CFR1915.					

## SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	N/A	SPECIFIC GRAVITY (H <sub>2</sub> O=1)	0.91 to 1.015
VAPOR PRESSURE (mm Hg.)	N/A	PERCENT VOLATILE BY VOLUME (%)	N/A
VAPOR DENSITY (AIR=1)	N/A	EVAPORATION RATE (_____ =1)	N/A
SOLUBILITY IN WATER	Insoluble		
APPEARANCE AND ODOR Film			

## SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	N/A	FLAMMABLE LIMITS	Lel n/a	Uel n/a
EXTINGUISHING MEDIA Water, Carbon Dioxide, Foam, Dry Chemicals				
SPECIAL FIRE FIGHTING PROCEDURES When entering an enclosed area, firefighters should wear self contained breathing apparatus. Poor decomposition results in toxic smoke containing carbon monoxide and hydrocarbon oxidation products. Oxygen deficient atmosphere can occur during fire.				
UNUSUAL FIRE AND EXPLOSION HAZARDS Slow burning, melts and drips.				

### SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE : N/A-Inert Solid

EFFECTS OF OVEREXPOSURE : N/A-Inert Solid

#### EMERGENCY AND FIRST AID PROCEDURES

If burned by contact with hot plastic, cool molton material adhering to the skin as quickly as possible with cold water, & see a physician for removal of adhering material and treatment of the burn.

### SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID High temperatures and open flame.
	STABLE	XXX	

INCOMPATABILITY (Materials to avoid)  
Oxidizing materials can cause a reaction.

HAZARDOUS DECOMPOSITION PRODUCTS As with any other organic material, combustion will produce carbon dioxide and probably carbon monoxide.

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	XXX	

### SECTION VII - SPILL OR LEAK PROCEDURES

#### STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Sweep up into normal trash.

#### WASTE DISPOSAL METHOD

Can be used as land fill.

### SECTION VIII - SPECIAL PROTECTION INFORMATION

#### RESPIRATORY PROTECTION (Specify type)

N/A

VENTILATION	LOCAL EXHAUST	SPECIAL N/A
	MECHANICAL (General)	
	For thermal processing	OTHER N/A

#### PROTECTIVE GLOVES

#### EYE PROTECTION

Safety glasses for general precautions.

#### OTHER PROTECTIVE EQUIPMENT

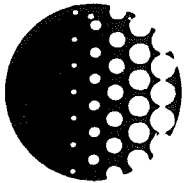
Suitable protection from hot melt during thermal processing.

### SECTION IX - SPECIAL PRECAUTIONS

#### PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

Ordinary warehouse conditions.

#### OTHER PRECAUTIONS



**CONTROL  
RESOURCE  
SYSTEMS**

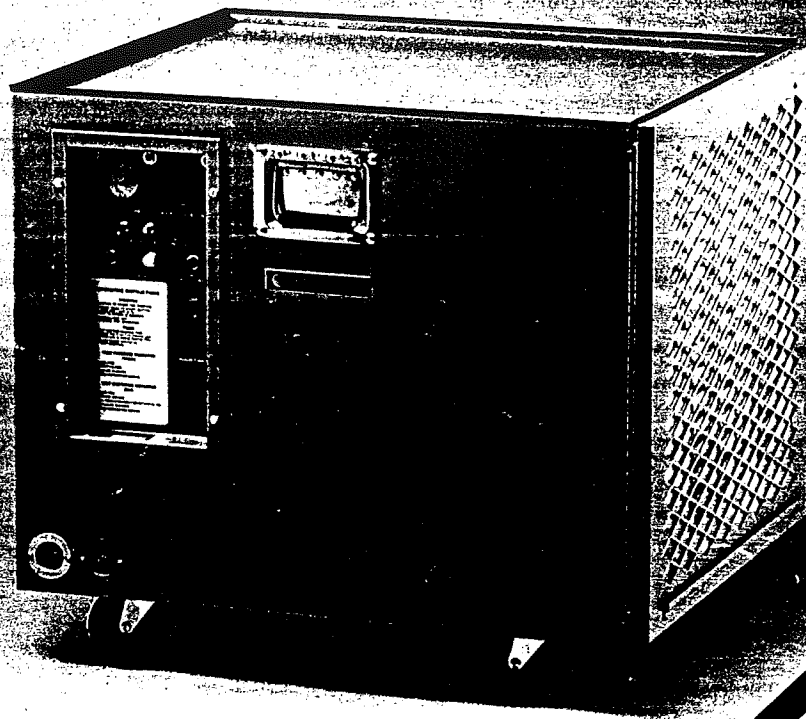
A REVOLUTION IN  
PORTABLE  
AIR PURIFICATION

**CRSI<sup>TM</sup>**

**2000**

Patent Pending

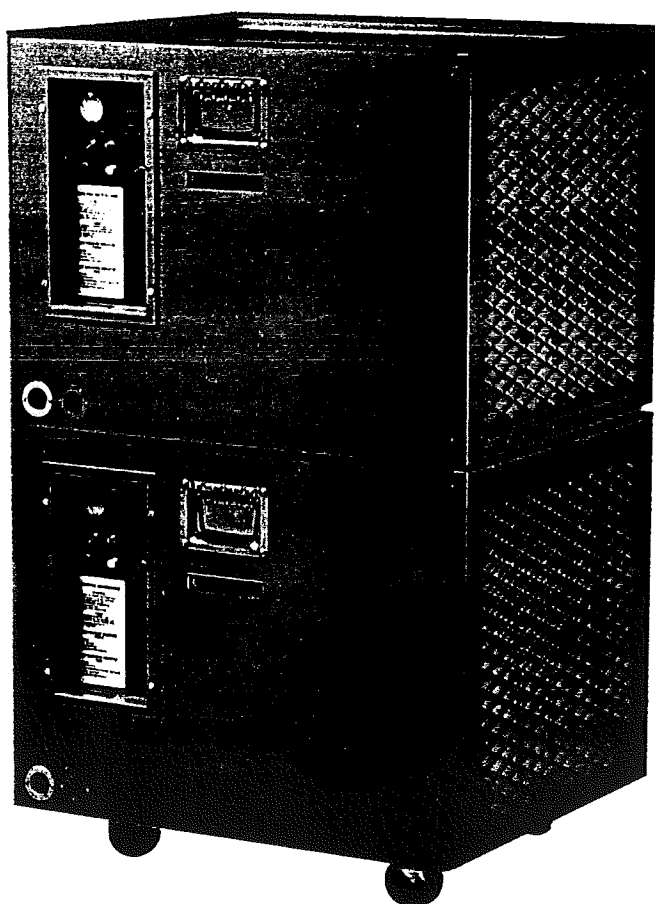
**"HEPA AIR PROTECTION AND  
AIRBORNE CONTAMINANT FILTRATION"**



**2000** CUBIC FEET  
OF  
AIR PER MINUTE

©1985 Control Resource Systems Inc.

BOE-C6-0079471



**"MODULAR STACKING  
CAPABILITY"**

## **CRSI 2000™**

### **Specifications**

**Dimensions:** Length 36" Width 30"  
Height 32"

**Weight:** 280 lbs. (filters loaded)

**Construction:** 16 ga. sheet metal welded construction (static pressure chamber completely sealed against filter bypass).

**Input Power:** 115V 20A Circuit

**Motor:** 1½ HP 1725 RPM 60 Hz,,

**Air Capacity:** 2000 CFM (at 1.5 W.C. static pressure on gauge)

**Protection:** Motor—20 amp (at power interface), thermal protection on motor, 3 amp on control panel.

**Filters:** No. 1 Prefilter 80% synthetic weight arrestance

No. 2 Prefilter 92% synthetic weight arrestance

Hepa filter high efficiency particulate absolute .3 microns to 99.97%.

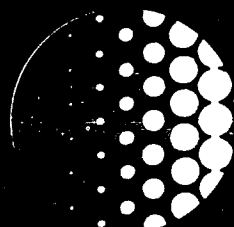
## **CRSI 2000™**

### **Unit Includes:**

- 1 Unit completely tested ready for operation on four (4) heavy duty casters for ease of movement
- 1 HEPA filter
- 1 Prefilter and 1 secondary prefilter
- 1-20' Power connection with male and female plugs
- 1 Air intake manifold 12" dia.
- 1 Exhaust manifold 12" dia.

### **Optional Equipment**

- Extra filters
- 12" Dia. flexible intake and exhaust ducting
- Ground fault interrupt
- 2000F activated carbon attachment



**CRSI™**

**Manufactured & Distributed by:**

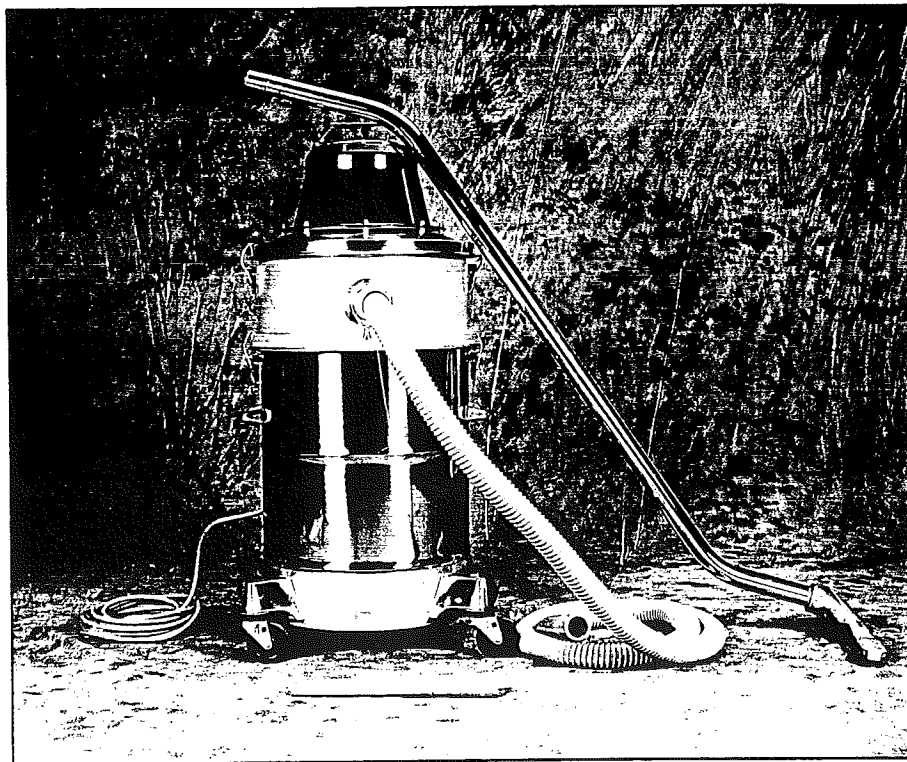
**Control Resource Systems, Inc.**

A Subsidiary of Control Resource Industries, Inc.

670 Mariner Drive, Michigan City, Indiana 46360

"Toll Free" 1-800-272-3786 • (219) 872-5591 • Telex No. 753007

# HILD VACUUM



CRSI offers the entire line of Hild high powered, economical HEPA vacuums. These vacuums employ a powerful two stage by-pass motor and non-clog internal filter. Units can be adapted for wet pick-up. Hild's transferable head assembly and collar may be used on 55 gallon drums.

Stock No. 090955 -- 15 gallon HEPA with tool kit

Stock No. 090990 -- 15 Gallon HEPA vacuum without tool kit

## ACCESSORIES:

Stock No. 090819 -- HEPA assembly for 15 gallon vacuum

Stock No. 090820 -- Tool kit

Stock No. 090952 -- Bristle brush

Stock No. 090967 -- 24" Wand

Stock No. 090968 -- 3/8" x 2 1/2" Aluminum crevice tool

Stock No. 090954 -- Wet/Dry adapter

Stock No. 090956 -- 10 ft. hose

Stock No. 090957 -- Hose connector

## FILTERS & BAGS:

Stock No. 090822 -- HEPA only for Hild vacuums

Stock No. 090953 -- Paper prefilter

# PULLMAN HOLT VACUUMS

This 12 gallon HEPA filtered vacuum uses a powerful 2 hp motor to pull air through a triple filtered system. Prefilters are used to extend life of HEPA filter. Polyethylene drum has a 12 gallon recoverable capacity and can be converted to a wet/dry vacuum. Wheeled cart with chrome handle can be easily maneuvered over hoses, cords and debris in work area. Polyethylene canister is easy to decontaminate and will not rust.

Stock No. 090992 -- 12 gallon vacuum with HEPA filter

## ACCESSORIES:

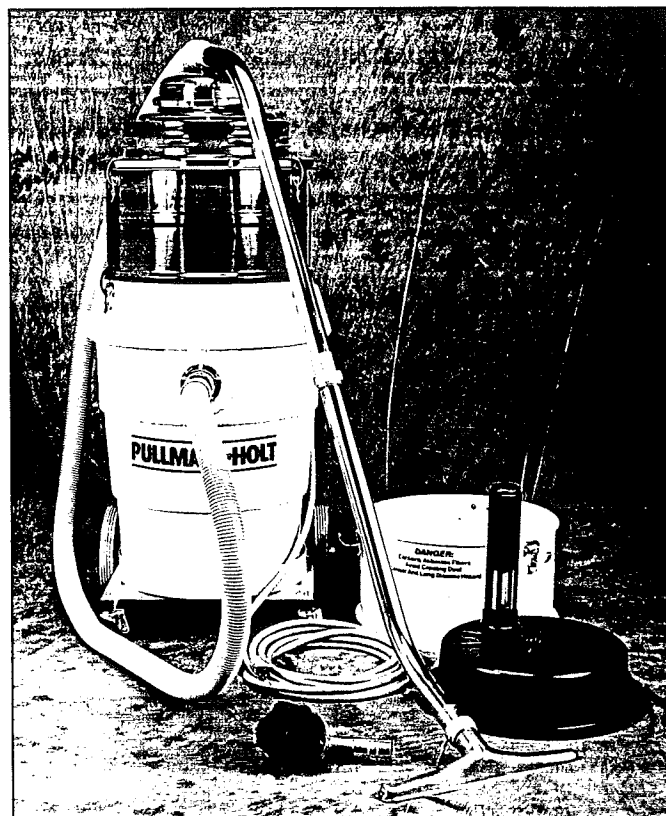
Stock No. 290170 -- Accessory kit

Stock No. 091001 -- Prefilter

Stock No. 290172 -- Collection bag

Stock No. 290171 -- Water pick-up adapter

Stock No. 280014 -- Replacement HEPA filter





# KLEENGUARD COVERALLS



Breathable KleenGuard coveralls will keep your workers cooler in the summer and warmer in the winter while providing complete protection against asbestos fibers. These triple-ply disposable coveralls also offer increased tear resistance and hence a higher level of protection against gross contamination. KleenGuard is the only breathable coverall that meets OSHA 29 CFR 1910 & 1926 regulations.

## **KleenGuard coveralls with elastic wrists**

Stock No. 010501 - Large (24/case)

Stock No. 010502 - Ex Large (24/case)

Stock No. 010503 - XX Large (24/case)

## **KleenGuard with hood, boots, elastic wrists**

Stock No. 010520 - Large (24/case)

Stock No. 010521 - Ex Large (24/case)

Stock No. 010533 - XX Large (24/case)

## **KleenGuard with hood, elastic wrists and ankles**

Stock No. 010511 - Ex Large (24/case)

Stock No. 010512 - XX Large (24/case)

## **KleenGuard Accessories**

Stock No. 010519 - Boot Covers (300/case)

Stock No. 010518 - Hoods (100/case)

**KleenGuard Limited Use coveralls with hood and detached boots** -- These economy, blue coveralls are ideal where the protection and durability of regular KleenGuard is not required. Detached boot included.

Stock No. 010516 - Ex Large

Stock No. 010517 - XX Large

Stock No. 010513 - Large without hood or boots

Stock No. 010514 - Ex Large without hood or boots

Stock No. 010515 - XX Large without hood or boots

## **CEREX COVERALLS with hood, boots, elastic wrists and cuffs**

This polypropylene spun bond material is coated with polyethylene to offer an absolute barrier to liquids and particulates.

Stock No. 010602 - Large

Stock No. 010601 - XLarge

Stock No. 010603 - XXLarge

Stock No. 010604 - XXXLarge

## **POLY SPUN BOND**

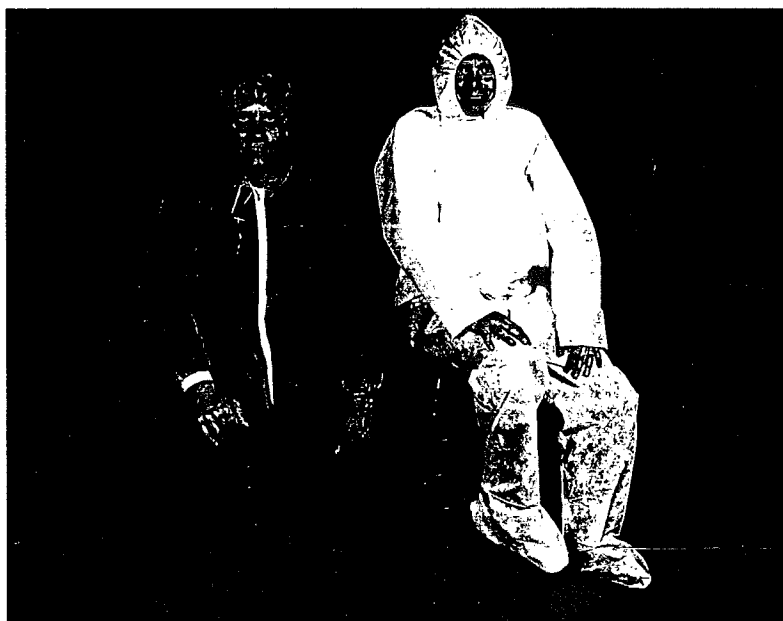
These coveralls offer limited protection at an affordable price. They are ideal for use in areas where particle counts are low -- such as prep work, glove bag work, pre-removal inspections and assessments, etc.

Stock No. 010703 - Large

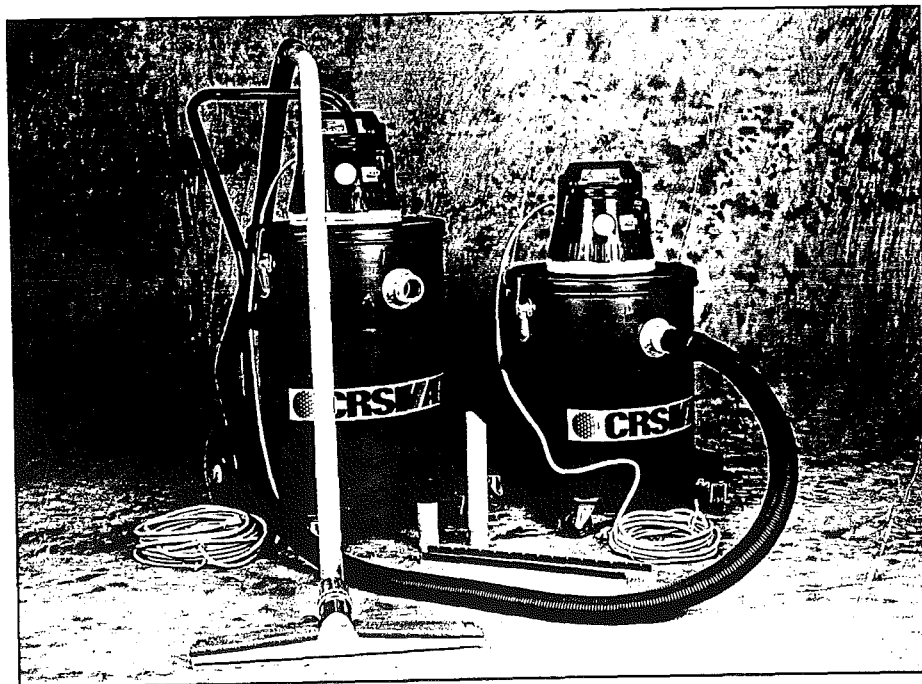
Stock No. 010705 - XLarge

Stock No. 010706 - XXLarge

Stock No. 010092 - Underwear



# CRSI VACUUMS



## 55 GAL. DRUM VACUUM

This 55-gallon drum mounted vac is your answer when a larger volume unit is needed. Mounted on a heavy-duty, handle cart with sturdy wheels, this unit is easy to maneuver throughout the job site. Drum pivots vertically on cart for dumping or removing bagged contents. Two, 2-hp Lamb by-pass motors are used to maintain sufficient vacuum through a 2" diameter hose. Motors and blowers are contained in ABS housings. Each motor pulls 9.1 amps at 115 VAC. Has both top mounted and side mounted intakes. Comes with 15 ft. hose and crevice tool.

Stock No. 090706

### CRSI VAC

#### Replacement Bags and Filters

Stock No. 500666 -- HEPA filter, fits all CRSI vacuum heads

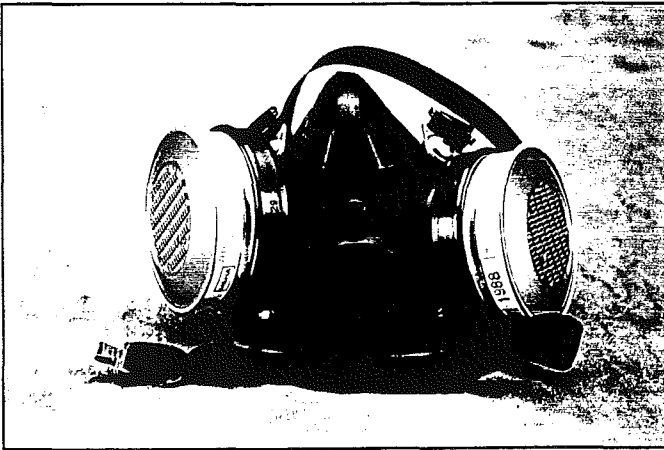
Stock No. 090716 -- paper collection bag - 10/pkg. (not for 55 gal. drum)

## CANISTER VACS

The new CRSI VACs set the "Standard" in the asbestos abatement industry. Both the 15 and 7-1/2 gallon capacity vacs come complete, ready to use with all attachments for wet or dry pickup. Also included with each vac is a two-piece aluminum wand, 10-ft. hose, crevice tool, glove-bag tool and wheeled floor tool. Canisters are constructed of thick-walled polyethylene for wear resistance. A 2 hp Lamb by-pass motor and high efficiency blower are contained in a rugged ABS housing. The 7-1/2 gallon unit is mounted on a four-wheel dolly and the 15 gallon unit on a handle cart using two casters and two smooth tread wheels -- to facilitate decontamination. Water shut-off is supplied and remains on both units at all times. A two-ply weighted nylon filter bag is self cleaning. A primary paper bag is also used with the unit and a final HEPA filter removes 99.97% of all particulates 0.3 microns or larger. These vacs deliver 107 CFM of air and 100 inches of water lift for a true 1270 watts of performance. 115 VAC, 9.1 Amps.  
Stock No. 090702 -- 7-1/2 GALLON  
Stock No. 090701 -- 15 GALLON



# MSA RESPIRATORS



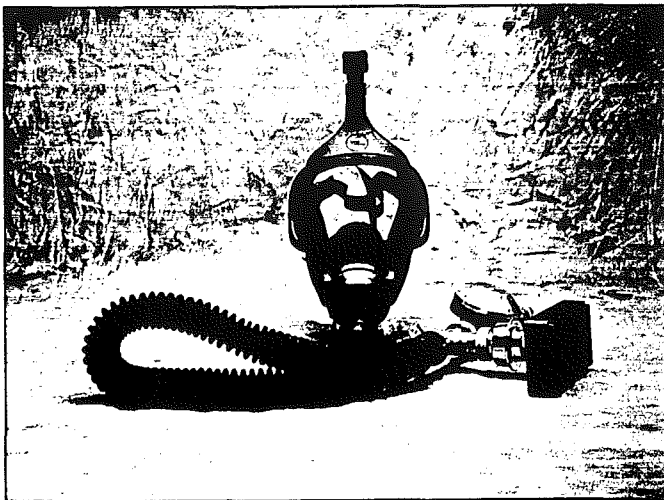
**CRSI stocks a full line of MSA respirators and accessories for asbestos abatement contractors.**

## HALF FACE RESPIRATORS

Stock No. 080600 Comfo II neoprene (small) (479532)  
 Stock No. 080601 Comfo II silicone (small) (479529)  
 Stock No. 080602 Comfo II silicone (medium) (479528)  
 Stock No. 080603 Comfo II silicone (large) (479530)  
 Stock No. 080609 Comfo II neoprene (medium) (479531)  
 Stock No. 080883 Comfo II neoprene (large) (466486)

## FULL FACE RESPIRATORS

Stock No. 080604 Ultra Twin neoprene (small) (471298)  
 Stock No. 080605 Ultra Twin neoprene (large) (471310)  
 Stock No. 080606 Ultra Twin silicone (medium) (480259)  
 Stock No. 080607 Ultra Twin silicone (large) (480267)  
 Stock No. 080892 Ultra Twin silicone (medium) (471286)  
 Stock No. 081083 Ultra Twin neoprene (large) 471310)  
 Stock No. 080884 Constant Flow w/Schrader fit. (463297)  
 Stock No. 080826 Constant Flow Duo-Flow (478775)  
 Stock No. 080894 Pressure Demand (475217)  
 Stock No. 080647 Pressure Demand Duo-Twin (484441)  
 Stock No. 080615 Pres. Demd. Duo-Flow switchable (484384)

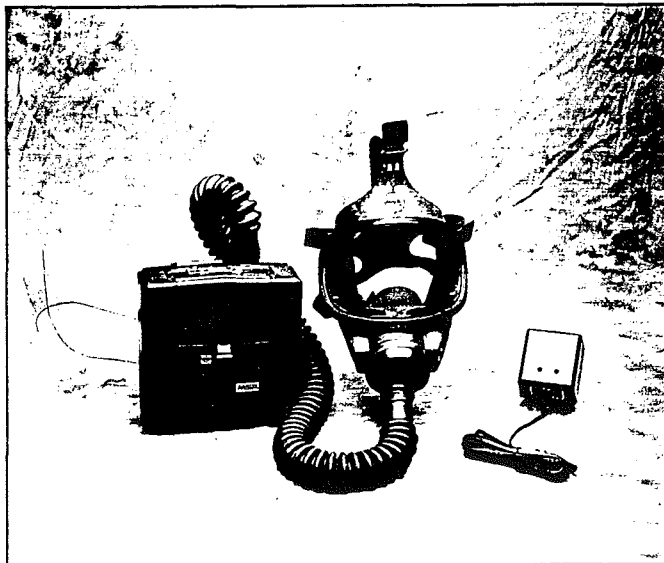


## PAPR'S

Stock No. 080616 Comfo 1500 hr. mtr (med.)  
 Stock No. 080617 Comfo 1500 hr. mtr. (lrge)  
 Stock No. 080886 PAPR full-face (med.)  
 Stock No. 080896 PAPR full-face (small)  
 Stock No. 080902 PAPR half-face (medium)  
 Stock No. 080897 PAPR (large)

## MSA CARTRIDGES & ACCESSORIES:

Stock No. 080827 Type 'A' duo-flow HEPA cartridge (each)  
 Stock No. 080893 Type 'A' cartridge (10/pkg.)  
 Stock No. 080885 Type 'A' rectangular HEPA cartridge (each)  
 Stock No. 080610 MSA Spectacle kit  
 Stock No. 080611 MSA F.F. cover lens (25/pkg.) (456975)  
 Stock No. 080612 MSA F.F. respirator nose cup (471712)  
 Stock No. 080613 MSA 8-hour battery pack (463239)  
 Stock No. 080614 MSA PAPR breathing tube (466911)  
 Stock No. 080920 3/8" x 50' air line w/Schrader fit. (455022)  
 Stock No. 080995 Resistance test/PAPR filter cart. (465784)  
 Stock No. 080994 PAPR flow tester (464850)  
 Stock No. 080993 PAPR field test unit (468486)  
 Stock No. 080640 Pres. Dem. Duo-Flow convers. kit (484848)  
 Stock No. 080831 MSA Sanitizer (12-20 oz. pkgs.) (34337)  
 Stock No. 020881 MSA Smoke tubes (5645)  
 Stock No. 080882 MSA Smoke tube test kit (5607)  
 Stock No. 080918 Battery charger - 4 station  
 Stock No. 090919 Battery Module w/charger PAPR - (463441)  
 Stock No. 080921 1/4 Plug (69542)  
 Stock No. 080922 3/4 Union adaptor (67542)  
 Stock No. 080998 3/4" x 100' PVC air line (484225)



# TELESCOPIC SHOWERS

CRSI's telescopic decontamination shower is constructed of aircraft grade aluminum for rugged job-site dependability. The three-section unit collapses to 39-inches high for hauling ease and job-site maneuverability. This one-man unit is 30-inches square with over seven feet of internal headroom. The lightweight unit can be transported and set up by two people in minutes. Heavy vinyl curtains are included on both entry

and exit ports. A hot- and cold-water mixing valve accepts standard garden-hose attachments. Waste-water storage tank stores over 20 gallons of water. CRSI's Filter EZ is ideal for draining and filtering asbestos from waste water. Shower comes with 100-micron drain filter. Shower can be fitted with standard CRSI entry and exit units. Both entry and exit units consist of collapsible tubular aluminum frame with a poly sleeve that fits over the frame providing complete walls, ceiling, floor and entry flap for unit. Telescopic showers now come with a built-in CRSI TwinPack liquid soap dispenser. Use of this soap extends life of the drain filter since it does not contain solids that will clog the filter. (See refill below.)

Stock No. 214002 Shower unit  
Stock No. 214003 Entry/Exit Frame  
(two required -- one each per side)

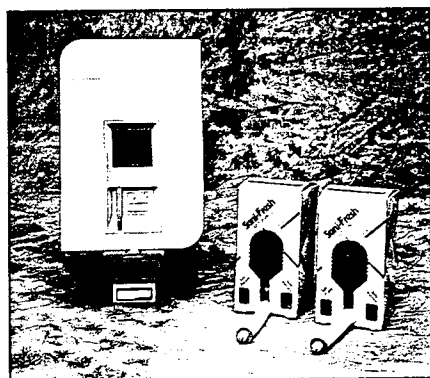


## Disposable Towels

Stock No. 010099 Scott air  
laid towels 19" X 42" pack-  
aged 300 per case

Stock No. 010120 MarMac  
towels 20.5" X 39" 300 per case

Stock No. 010097 Kimberly  
Clark towels 22.5" X 39" pack-  
aged 300 per case



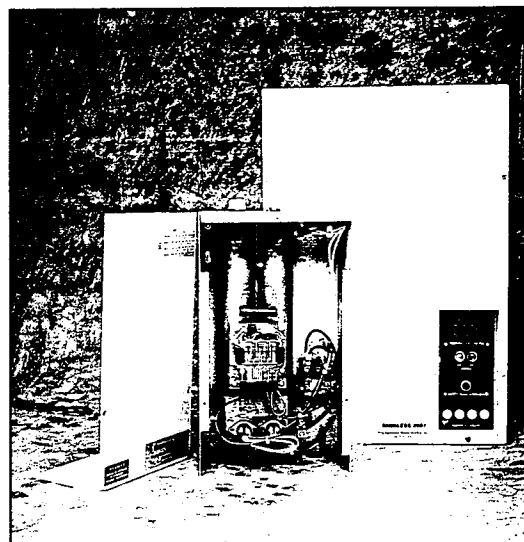
## Soap And Dispenser

Liquid concentrated body shampoo for use in decontamination showers is biodegradable and will not shorten filter life. Other soaps, particularly bar soaps, contain waxes and creams that clog the micropores of water filtration systems. This hard working, yet mild, soap is pH balanced for use on both hair and skin. Comes in 500 ml. plastic dispenser bags for twin pack dispensing units now supplied with CRSI telescopic showers. Stock No. 140115 500 ml. container  
Stock No. 140116 Dispenser

## WATER HEATERS

CRSI offers two compact electric water heaters for the asbestos abatement market. The TWW 2001 is a tankless heater capable of increasing water temperatures instantly to 130° for decontamination showers. The unit uses an epoxy coated, die cast heat exchanger with incoloy elements. Since there is no storage tank, there also is no limit to the number of workers who can shower before hot water supply is depleted. Unit has an electronic sensing panel that controls temperature and allows elements to heat only when there is water flow. For a single shower the TWW 2001B will provide enough hot water at half the kilowatt consumption. The 2001B can raise the water temperature by 33° with a flow of 1.75 gallons per minute. The 2001 can do the same to over 3.5 gallons per minute. Both units require 208V to 240V -- the higher the voltage the more water per minute they will heat. The 2001 draws 75 amps for a maximum of 18KW (a 50A two pole breaker is sufficient) and the 2001B draws 50 amps for 9 KW.

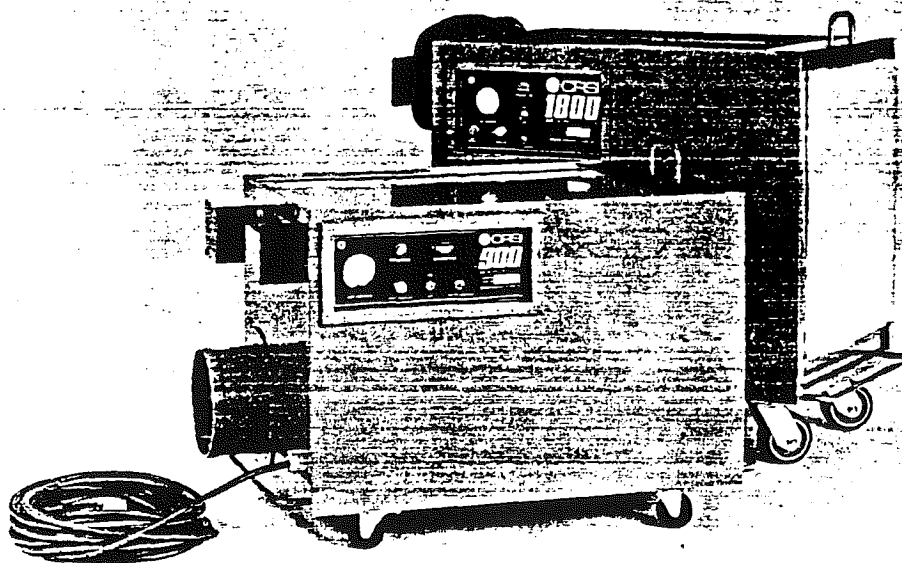
Stock No. 140112 - TWW 2001 18KW  
Stock No 140111 - TWW 2001B 9KW





# **900 AND 1800 AIR FILTRATION SYSTEMS**

The CRSI line of air filtration equipment has been designed to meet or exceed EPA and OSHA standards in addition to the ANSI Z9.2 construction standard.



The CRSI 900 and 1800 are engineered to provide the finest technology in HEPA filtration, construction, and electric components available today. Large airflow capacities and enhanced ease of portability allow for economical and unlimited applications.

CRSI's negative air filtration equipment effectively eliminates hazardous airborne contaminants and particulate down to 0.3 microns at 99.97% efficiency. The CRSI advanced three stage filtration system consists of:

- Prefilter #1 — 80% synthetic weight arrestance
- Prefilter #2 — 92% synthetic weight arrestance
- HEPA Filter — High Efficiency Particulate Absolute Filter  
(0.3 microns at 99.97%)\*

\*HEPA Filters which are 99.999% efficient at 0.12 microns are available.



CONTROL RESOURCE SYSTEMS, INC.

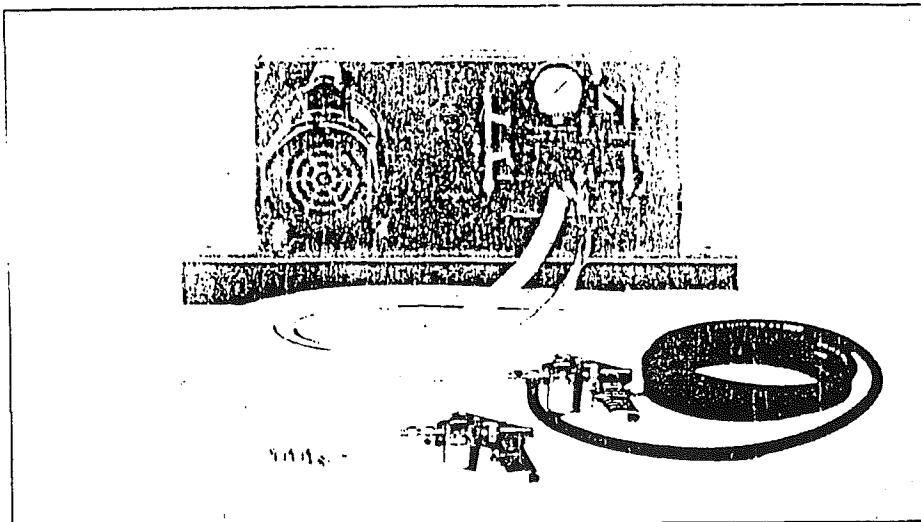
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## **BWE P25 LOW PRESSURE AIRLESS SPRAY EQUIPMENT IS SIMPLE AND EASY TO USE**



### **EACH BWE P25 INCLUDES:**

- PRESSURE BALANCED DOUBLE DIAPHRAGM PUMP, OPERATING PRESSURE 0-300 PSI
  - 1 HP MOTOR, 115/230 V, 60 HZ, CAPACITOR START
  - 250 FT. SPRAY HOSE (3/8" I.D., 250 PSI)
- TWO SPRAY GUNS, FOUR SPRAY TIPS (.052 ORIFICE)

**Your best abatement insurance is your lowest fiber count, BWE.**

For ordering or Free Information: Call BWE  
TOLL FREE 800-654-6792, (From Calif.) 800-331-6775  
(619) 259-1606, FAX (619) 259-1984

• YOUR ABATEMENT SOLUTION ® •

## **BWE BETTER WORKING ENVIRONMENTS, INC.®**

P.O. Box 1765, Carson City, Nevada 89702

# ESTIMATING CHEMICAL USE

OUR PRODUCTS ARE AVAILABLE IN 55 GALLON DRUMS,  
5 GALLON PAILS, AND 24 OZ. SPRAY BOTTLES

BWE PRODUCTS ARE READY TO USE  
AND WILL COVER FROM 15 TO 50 BOARD FEET PER GALLON  
DEPENDING ON DENSITY, DEPTH AND COMPOSITION  
OF THE ACM THAT IS BEING TREATED

This table is based on: coverage assumption of 25 board ft/gal  
Maximum Penetration BWE 3000 = 3 inches  
Maximum Penetration BWE 5000 = 5 inches

Penetrations of:	.25"	yields	100.0	sq. ft/gal
	.5"	yields	75.0	sq. ft/gal
	.75"	yields	50.0	sq. ft/gal
	1.0"	yields	25.0	sq. ft/gal
	2.0"	yields	12.5	sq. ft/gal
	3.0"	yields	8.3	sq. ft/gal
	4.0"	yields	6.25	sq. ft/gal
	5.0"	yields	5.0	sq. ft/gal

- Examples:
- Gallons required for 7,500 sq. ft. at  
.25" penetration:  
$$\frac{\text{desired coverage}}{\text{yield @ .25" penetration}} = \frac{7,500}{100} = 75 \text{ gallons}$$
  - Gallons required for 7,500 sq. ft. at  
1" penetration:  
$$\frac{\text{desired coverage}}{\text{yield @ 1.0" penetration}} = \frac{7,500}{25} = 300 \text{ gallons}$$
  - Gallons required for 7,500 sq. ft. at  
1.25 " penetration: simply add the results  
of examples 1 and 2 for total amount:  
$$\begin{array}{rcl} 75 & \text{gallons at .25" penetration} & \\ + 300 & \text{gallons at 1.0" penetration} & \\ \hline 375 & \text{gallons at 1.25" penetration} & \end{array}$$

## ESTIMATING TIME TO APPLY:

APPLY:	BWE 5000	BWE 3000
TO ACM	@ 35-50 psi	@ 35-150 psi
TO MIST	@ 150 + psi	@ 150 + psi
(MIST WITH A WIDE ANGLE SPRAY TIP)		

PUMP DELIVERY: 4 GPM (Gallons per Minute)

NOZZLE DELIVERY IN GPM:

ORIFICE	@ 50 psi	@ 100 psi	@ 150 psi	@ 500 psi
.052	.45	.63	.75	1.4
.060	.60	.87	1.05	1.9
.072	.80	1.2	1.5	2.8

### EXAMPLE:

(75 Gal @ 50 psi, .052 orifice)

Nozzle Delivery = .45 GPM

$75 \text{ GAL} \div .45 \text{ GPM} = 166 \text{ minutes, or } 2.8 \text{ hours}$



# BWE P25 LOW PRESSURE AIRLESS SPRAY EQUIPMENT MANUAL

## TABLE OF CONTENTS

INTRODUCTION.....	2
RECOMMENDATIONS.....	2
ASSEMBLING YOUR BWE P25 PUMP.....	2
PRELIMINARY CHECKS AND START-UP.....	3
(A) Oil Level.....	3
(B) Suction Side.....	3
(C) Pressure Accumulator.....	3
(D) Pump Discharge Control Assembly.....	4
(E) Nozzle Regulator Valve.....	4
ROUTINE MAINTENANCE.....	5
(A) Storing the BWE P25.....	5
(B) Changing the oil.....	5
(C) Checking the Diaphragms.....	6
TROUBLESHOOTING AND REPAIRS.....	7
(A) Pump does not prime.....	7
(B) Pump lacks pressure.....	7
(C) Irregular flow or vibration.....	7
(D) No flow.....	8
WARRANTY.....	8
FIGURES.....	9
SPARE PARTS LISTS.....	12
ESTIMATING CHEMICAL USE.....	17
ESTIMATING TIME TO APPLY.....	19

## BWE P25 LOW PRESSURE AIRLESS SPRAY EQUIPMENT MANUAL

### INTRODUCTION:

The BWE P25 low pressure, airless spray equipment is a two diaphragm pump, pressure balanced by a layer of oil. This assures long life to the diaphragms and other moving parts, as these are completely sealed in an oil bath. The parts of die-cast aluminum which come into contact with chemicals applied with the BWE P25 are coated with a corrosion resistant plastic material.

### RECOMMENDATIONS:

Please review and follow the instructions in this manual. In the event of any difficulty in operating the BWE P25, or understanding the instructions in this manual, please contact Better Working Environments, Inc. at (619) 431-0228, or at toll free USA (800) 654-6792, or in California at (800) 331-6775.

### ASSEMBLING YOUR BWE P25 PUMP:

The BWE P25 is shipped complete with two spray guns and 250 feet of hose to attach to the pump. This hose can be cut to use with more than one spray gun. Attach the guns (one may be packaged underneath the pump base) to the hose using two brass hose barbs and two 5/16" hose clamps, which are included. Attach the appropriate hose nozzles to the gun tips. Attach the hoses to the pump's discharge hose tail (#118, see page 16) using the two more 5/16" hose clamps. A six foot section of nylon reinforced hose with the strainer attached will be found in the crate. Attach this to the suction pipe (#27, see page 12). Be sure that all suction fittings are airtight. A five foot nylon reinforced hose is also included to be connected to the delivery regulator assembly at the nipple (#137, page 16). Both nylon reinforced hoses go into the chemical to be sprayed.

BWE P25 LOW PRESSURE AIRLESS SPRAY EQUIPMENT  
MANUAL

PRELIMINARY CHECKS AND START-UP:

(A) Oil Level (see Figure 1)

With BWE P25 pump stopped and in horizontal position, check that the oil reaches the level (A) in figure 1. If not, unscrew the 2 screws (B), and remove the upright U-bolts (C), remove the pressure accumulator (D), and the compensator rubber cap (F). Then fill with oil up to the level (SHELL X100 SAE 10w/30 oil is recommended). Turn the pump shaft by hand and tilt the pump in both directions to remove any air from under the diaphragm.

(B) Suction Side (see Figure 2)

Make sure that the suction hose (C) in figure 2 always has a suction strainer, and that the strainer (A) is clean and efficient. Check that the suction hose is clean and not kinked. The junction of the suction hose with the suction strainer (A) and the hose tail (F) must be securely sealed and airtight with hose clamps (E) in order to avoid suction of air. Also check that air is not being drawn into the suction pipe through damaged O'rings (G) or that the flynut (H) is loose. If so, hand tighten (do not use a wrench to tighten the flynut). Most problems in priming are solved by tightening all suction side connections.

(C) Pressure Accumulator (see Figure 1)

To check pressure in the accumulator, remove the air valve guard (H) and unscrew the air valve cover (I) to check air pressure through valve (L) using a normal tire gauge. Pressure in the accumulator should read:

Operating Pressure:	PSI 15-70	71-142	143-284	285-426
Air Pressure:	PSI 20	28	43	57

Correct pressure will prevent vibration in the discharge hose. If necessary increase the pump pressure as required. Pressure can be increased using a bicycle tire air pump. Pumps are packaged and shipped at 55 pounds of pressure.

## BWE P25 LOW PRESSURE AIRLESS SPRAY EQUIPMENT MANUAL

### (D) Pump Discharge Control Assembly

There are two types of control assemblies for the BWE P25:

- a.) BWE P25 pumps purchased prior to 1986 are set up with two outlets on the left hand side (see Figure 3).
- b.) BWE P25 pumps purchased since 1986 have three outlets, one on each side, and one in the center, of which two are equipped with shut-off valves, and the center outlet sealed with a hose plug (see Figure 5).

For both assemblies, make sure that the spring retaining clip (H) is secure to the pump discharge control assembly.

### (E) Nozzle Regulator Valve (see Figure 5 or 3)

Make sure that the adjustment valve lever (A) is in an upright position before plugging in the pump. The pump will prime automatically when the power supply is connected. After the pump is primed (chemical will be moving through the suction and return hoses), select the right working pressure. To achieve this, turn the lever to the pressure position by turning it down, counterclockwise, about 90 degrees. Then tighten the valve tension control knob (G) clockwise until the desired pressure shows on the pressure gauge (E).

To decrease the pressure, turn the knob counterclockwise, without adjusting the lever.

### USING THE BWE P25 PUMP:

The BWE P25 pump must never run over 550 RPM or at a pressure higher than 426 psi.



## Flammability Tests

At the request of a large industrial company, we recently ran flammability tests on three styles of TYVEK<sup>®</sup> most commonly used in limited use, protective clothing and on a reusable continuous filament polyester twill, both new and laundered. Neither the TYVEK nor the polyester twill can be classified as "flame retardant" but these test results show that TYVEK self-extinguished well before the sample was completely consumed. The new polyester fabric met "Class 1—Relatively Slow Burning" standards of a 20-second minimum flame spread time.

### Test Results

#### NFPA 702 Flammability Test for Textile Wearing Apparel (California Fire Marshall's Test)

70° F., 50% R.H. Time, Seconds

	Ignition	Self Extinguishing	Flame Spread	% Consumed	Class
<b>TYVEK</b>					
S/1622 MD	1.1	4.4		4	1B E*
CD	1.1	4.8		5	1B E
S/1422 MD	1.2	5.6		4	1B E
CD	1.1	7.9		9	1B E
S/1443 MD	1.2	6.5		10	1B E
CD	1.2	8.0		20	1B E
<b>Polyester Twill</b>					
New MD**	1.3		22.2	100%	1
Used & MD**	1.1		16.1	100%	2
<b>Laundered</b>					

\*Ignited but self-extinguished (I.B.E.).

\*\* Vertical direction of garment was measured

We believe the information is the best currently available from DuPont. It is subject to revision as additional knowledge and experience are gained. Test data herein reflect laboratory performance of fabrics only and not the complete garment. Accordingly, DuPont makes no guarantee of results and assumes no obligation of liability in connection with the information. A user relying on such information contained in this publication should first verify that the garment selected is suitable for the intended use and meets all appropriate health standards. This publication is not a license to operate under, or intended to suggest infringement of, any existing patent. Note: Fabrics of Tyvek<sup>®</sup> should not be used near heat, flame, sparks or potentially explosive environments.



## Static Protection

TYVEK® spunbonded olefin is treated with an antistatic agent when manufactured. The material applied makes it possible for the TYVEK styles listed below to pass NFPA 55A. The three styles of TYVEK and the 100% polyester filament fabric find uses in clean rooms (14 series) and paint spray applications where static propensity must be considered.

TYVEK and unused or new polyester fail well within the Standard Log R of 11 or less. The used or laundered polyester garment fails NFPA 55A.

NFPA 55A was developed to evaluate materials for use in hospital operating rooms where explosive gas mixtures could be present.

### Test Results

#### NFPA 55A Static Protection Tests 70° F. 50% R.H.

	A. Resistivity Log R*				B. Charge Decay Seconds To Discharge	
	Face		Back		Seconds To Discharge	
	MD	CD	MD	CD	MD	CD
TYVEK						
S7622	8.4	8.5	8.7	8.8	<0.1	<0.1
S7422	8.3	8.3	8.0	8.6	<0.1	<0.1
S7443	7.7	7.4	8.9	7.9	<0.1	<0.1
Polyester Twill						
New	9.3	9.4	9.1	9.2	<0.1	<0.1
Laundered	13.2	13.1	13.1	13.0	**	**

\*Log R 11.0 Fails.

\*\*Fails. So poorly conductive that it will not accept a charge.

We believe this information is the best currently available from DuPont. It is subject to revision as additional knowledge and experience are gained. Test data herein reflect laboratory performance of typical only and not the complete garment. Accordingly DuPont makes no guarantee of results and assumes no obligation or liability in connection with this information. Anyone intending to use information contained in this publication should first verify that the garment selected is suitable for the intended use and meets all appropriate health standards. This publication is not intended to be used as a guide, or standard in any way, in the selection of any existing product. Note: Fabrics of Tyvek® should not be used near heat, flame, sparks or potentially explosive environments.



TOTAL FILM THICKNESS:	.001	.002	.004	.006	.008	.010
WEIGHT PER LB./MSF: (ASTM D374-68)	4.3	9.6	19.1	29.7	38.2	47.8

MOISTURE VAPOR TRANSMISSION:  
(ASTM E 95-80)

The requirement for this shall be 1.40 Grams 100 square inches per 24 hours divided by the thickness in mils. It may also be shown as permeance in perms (grains per square foot per inch of Hg water vapor pressure difference as shown in the attached drawing.

FOLDING ENDURANCE: Good on all mil weights.

IMPACT RESISTANCE: The average impact resistance shall be not less than resistance specified in the table below when tested.  
(ASTM D 1709-67)

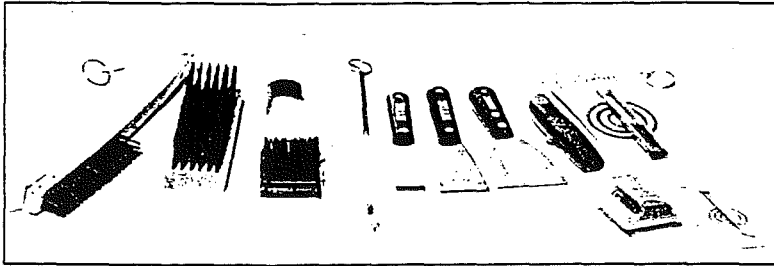
Sheeting Thickness	Drop Weight Impact Resistance
1 Mil	40 Grams
2 Mil	85 Grams
4 Mil	165 Grams
6 Mil	260 Grams
8 Mil	370 Grams
10 Mil	475 Grams

TENSILE STRENGTH:  
ASTM D 882-67

MECHANICAL PROPERTIES	DIRECTION	
	Lengthwise	Crosswise
Tensile Strength, min. psi	1700	1200
Elongation, min. percent	225	350

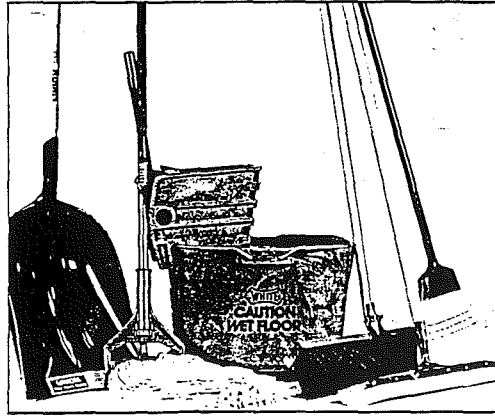
REFLECTANCE: The average 45-deg. 0-deg directional reflectance of white (ASTM E37-55) sheeting intended for use in curing concrete shall be not less than 70% when determined in accordance with reflectance.

LUMINOUS TRANSMITTANCE: Black sheeting intended for exclusion of light and maximum resistance to weathering shall have an



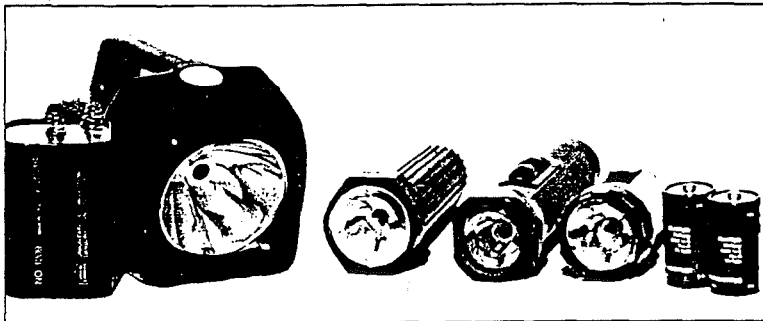
#### BRUSHES & UTILITY KNIVES

From left to right: **#67-0952** Wire Brush  
**#67-0959** Wire Block Brush  
**#10-5102** Nylon Brush  
**#BTB-125** Bottle Brush  
**#02060** 1/4" Scraper  
**#02310** 2" Scraper **#20410** 3" Scraper  
**#UK-1** Utility Knife  
 and **#42150** Replacement Blades  
**#42035** Breakpoint Knife  
 and **#42340** Replacement Blades  
 Shown at back **#1724E** Flexi-Saw



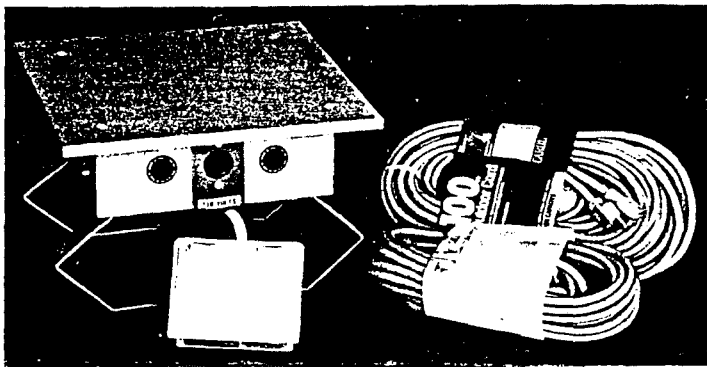
#### MOPS, BROOMS, ETC.

**STOCK #H6000** Mop Bucket  
**#ASB32** Mophead 3702  
**#84ASB** Mop Handle  
**#2635** Wringer  
**#GRE240PB** 24" Push Broom  
**#223-24** Squeegee  
**#811025** Union Shovel



#### FLASHLIGHTS

From left to right:  
**STOCK #9VEB** 6-Volt Battery  
**#209HS** Eveready Energizer  
**#920** BRK Electronics  
**#330BP** Eveready  
**#H22** Rayovac  
**#2DCB** D-cell Batteries

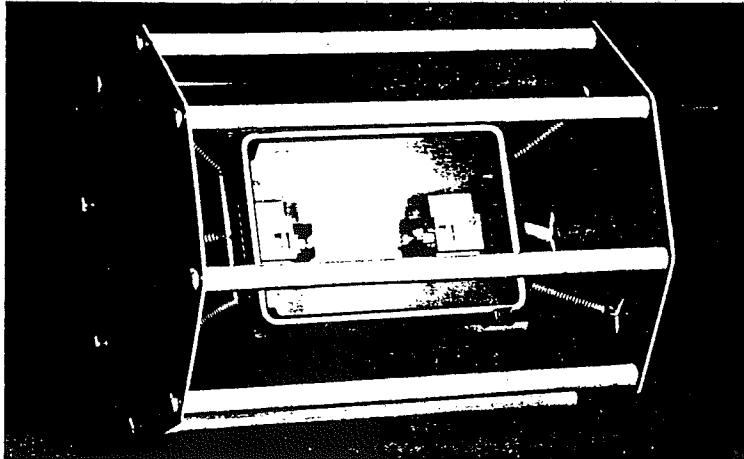


#### GROUND FAULT INTERRUPT POWER BOXES & EXTENSION CORD

**STOCK #52201** Spider GFI  
 Spider accessories not shown:  
**#52550** Wall Receptacle  
**#52050** 50 ft. power cord  
**#GFP-15** Hubbell GFI  
**#06801-63-04** 100 ft. Outdoor  
 Extension Cord  
**#2293** 50 ft. Outdoor Extension Cord



## ACCESSORIES



### AS625—DELUXE PORTABLE TASH LIGHTS

An extremely durable & versatile portable 500 watt quartz light which features the unique, patented safety "cage" design. The light is actually suspended in the cage, keeping the light's heat away from surfaces while protecting the bulb should the unit be dropped or otherwise abused. The unit can be rotated to produce eight different flood patterns, while the epoxy powder coats the aluminum frame making decontamination easy.

**AS625E**—The economy version is the same as the AS625 except that the patented design is constructed of steel instead of aluminum, while featuring a 500 watt quartz bulb.

**AS620E**—This is the same as the AS625E with the exception that it features a 300 watt quartz bulb instead of a 500 watt quartz bulb.

**AVAILABLE OPTIONS**—AS625FT features a feed thru power cord so that up to 3 units can be "strung" together on the same circuit.

**STOCK #AS625, AS625E, AS620**



### AS925—POWER DISTRIBUTION BOX

This 120 amp power center has eight duplex plugs, each individually GFCI protected. The AS925 box is designed to wire into an existing power panel with an electrical supply of 120/240 volts, single phase, 4 wire conductor.

Handles 8 full size HEPA-AIRE machines (15 amps each)

Individual GFCI protection on each circuit

Heavy duty industrial-grade construction

Use optional cart (AS928) for added mobility

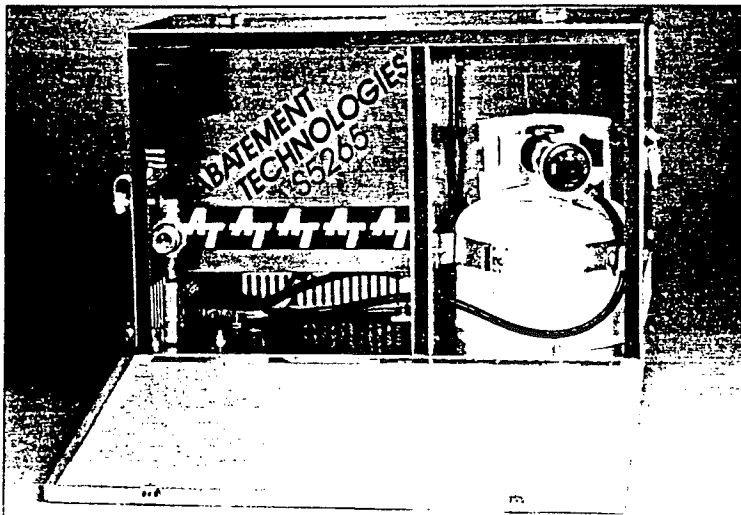
Complete with 25 ft. of 4 AWG wire

Waterproof enclosure with gasketed circuit covers

Meets requirements for GFCI protection at the power source

Reduces power cord "clutter" in the work area

**STOCK #AS925**



### S5265 INSTA-PRO™

The Insta-Pro is a tankless propane shower heater system designed to provide a continuous supply of hot water. It heats water at an increase of 60°F per gallon per minute. The S5265 includes a "low volume" 1 gallon per minute shower head which may be necessary to reduce "high-volume" shower nozzles and pressure reducer for proper 60°F water temperature increases. Unit operates on 120 VAC which draws only 1 amp to operate the ignition switch. The Insta-Pro is enclosed in a rust-proof all aluminum cabinet, and includes a 4.25 lb. refillable propane cylinder which is enough for 50 to 60 three minute showers. The Insta-Pro is equipped with numerous UL listed safety features and meets NFPA requirements for indoor use.

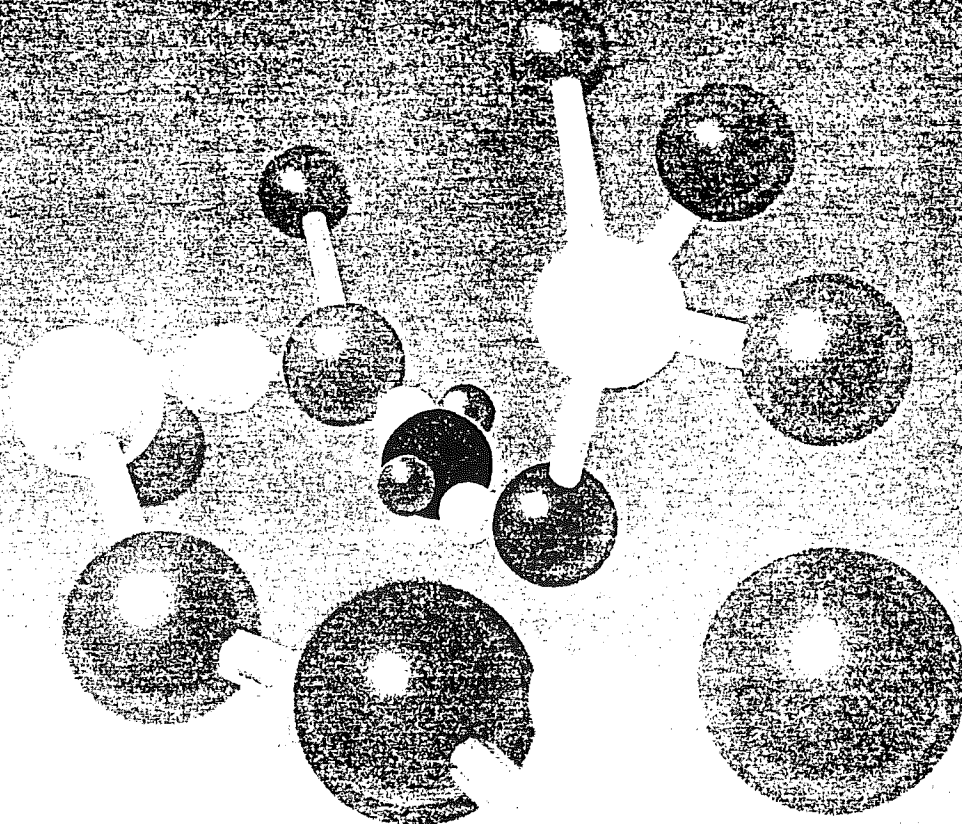
**STOCK #S5265**



# **Material Safety Data Sheets**

# EPA 55

U.S. Patent 4,303,666



**Molecular Hydrogen Bonding Agent for  
quicker, easier & safer Asbestos removal**



**AMERICAN COATINGS CORPORATION**

**1-800-323-7580**

## EPA 55 - ASBESTOS REMOVAL AGENT

EPA 55 is a patented aqueous formulation which wets out asbestos, including Amosite, and *keeps* it wet for extended intervals. Its outstanding "water retention" feature minimizes the levels of airborne fibers generated during asbestos removal while eliminating costly and time-consuming reapplications of treated surfaces.

EPA 55 surpasses the wetting ability of water amended with standard surfactants, especially on dense-cementitious materials. In lieu of merely rinsing the asbestos material like amended water, EPA 55 *soaks* into the insulation, attaches itself to the asbestos fiber and stays there. In addition to keeping the treated material wet, EPA 55 significantly reduces the risk of water damage in the work area while cutting labor expenses for asbestos removal and post removal clean up.

In direct contrast to silicate based "removal encapsulants", EPA 55 does *NOT* crust or harden in a matter of minutes. Surfaces treated with EPA 55 remain soft and moist enabling personnel to remove the asbestos cleanly and easily. EPA 55 allows for "wetting out" large areas of asbestos materials *without* concern over how many "minutes" have elapsed before removal must begin or the added expense of continuous applications.

## HOW DOES EPA 55 WORK

Wetting asbestos materials thoroughly, not simply washing away the surrounding binders, is the key to preventing airborne fibers during removal. EPA 55 is a scientific approach utilizing the physical characteristics common to commercial asbestos fibers. Its mixture of special additives have been chemically balanced to achieve a maximum level of saturation in less time, stay wet longer, and eliminate the expensive problems associated with other wetting solutions.

### LOWER SURFACE TENSION

EPA 55 provides *faster* penetration than competitive wetting techniques. Its low Surface Tension of 22.0 Dynes/cm, *24% better* than established standards, allows EPA 55 to quickly permeate into the affected substrate and start wetting the asbestos materials. Also, because EPA 55 is nonionic, its fast penetration is not adversely affected by the varying electrical charges found in asbestos materials.

### THOROUGH SATURATION

Commercial asbestos minerals intrinsically contain water which has been physically and chemically combined. Some asbestos have as much as 15% water by weight. EPA 55 utilizes this physical trait to "wet out" the asbestos by attaching itself to the asbestos fiber through a MOLECULAR BONDING PROCESS.

The specific polymer used in EPA 55, especially when it is combined with water, has an acute natural attraction for the silicate mineral fibers of asbestos. Initially, this polymer forms strong electrical bonds with the water element of EPA 55. Subsequently, the resultant moieties bond firmly with the fiber's inherent water content, allowing EPA 55 to thoroughly *saturate* the treated material and virtually eliminate airborne fibers during asbestos removal.

### WATER RETENTION

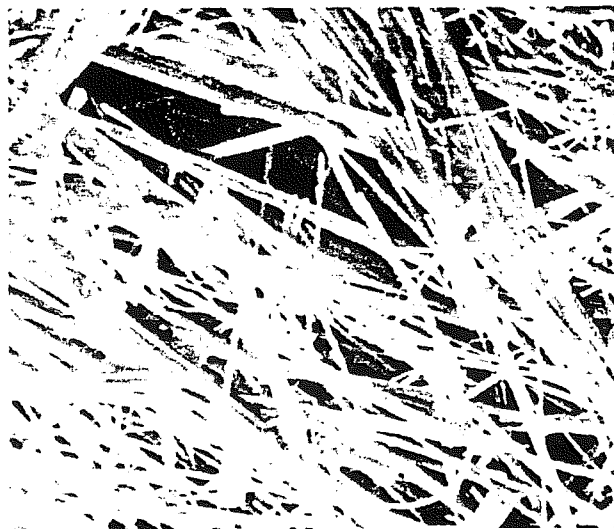
Once EPA 55 has thoroughly wetted the matrix it keeps *right* on working, maintaining a soft, easy-to-remove surface!

The bonding action effected by its polymer also serves to keep EPA 55 *inside* the treated matrix, diminishing water seepage from the treated insulation, and consequently, reducing the risk of water damage in the work area. In conjunction with its bonding action, EPA 55 also employs a special humectant which minimizes its evaporation rate and sustains the treated material's wetness *far longer* than water amended with surfactants.

Because removing asbestos which remains soft and wet is *safer, easier, and faster* than trying to remove material which may have dried or hardened, there is no substitute for the overall effectiveness of EPA 55!

## PHOTOGRAPHS

Asbestos samples were treated with EPA 55 on April 23, 1987. Treated samples were then placed in a Drying Desiccator at 70°F and 0% Relative Humidity for 24 hours. Pictures are dated 3 weeks later on May 14, 1987. Pictures taken by Structure Probe, Inc. using a Scanning Electron Microscope.



Raw Chrysotile Fibers



Chrysotile Fibers Treated With EPA 55

## MINIMAL AIRBORNE FIBERS = SAFER WORK AREA

Various dilutions of EPA 55 were used to treat 99% chrysotile fibers and 20% chrysotile ceiling material. Asbestos samples of approximately 5,000 grams were prepared and treated with approximately 1 ml dilutions of EPA 55. Samples were placed in a container affixed with a 0.8 micron pore size cellulose ester cassette and immediately disturbed to produce airborne fibers. Following disturbance, the immediate internal environment was sampled with the cassette and corresponding air pump for 2 hours. Sampling and analysis were done in accordance with NIOSH method P&CAM 30/B for 2 hours.

Dilution Ratio EPA : Water	% Asbestos Sample	Background Level	EPA 55's Time Wght. Ave.	Dilution Ratio EPA : Water	% Asbestos Sample	Background Level	EPA 5's Time Wght. Ave.
1 : 1	99% Chrysotile	0.0007	0.0007	1 : 1	20% Chrysotile	0.0007	0.0007
1 : 2	99% Chrysotile	0.0007	0.0007	1 : 2	20% Chrysotile	0.0007	0.0007
1 : 5	99% Chrysotile	0.0007	0.0007	1 : 5	20% Chrysotile	0.0007	0.0013

## LOW SURFACE TENSION = FASTER PENETRATION

Dilution Ratio EPA : Water	Test Method	Recommended Surface Tension Level	EPA 55 Surface Tension Level	% Better Than Recommended Level
1 : 0	ASTM D 1331	29.0 Dynes/cm	22.0 Dynes/cm	24.1%
1 : 1	ASTM D 1331	29.0 Dynes/cm	25.5 Dynes/cm	12.7%
1 : 2	ASTM D 1331	29.0 Dynes/cm	26.3 Dynes/cm	9.3%

## OUTSTANDING WATER RETENTION = SAVES TIME & REDUCES WATER DAMAGE

Ten series of 10 samples each were run to determine liquid retention. EPA 55 and a surfactant composed of 50% polyoxyethylene ester and 50% polyoxyethylene polyglycol ether were each diluted 1 : 1 and 1 : 2 with water and used to treat asbestos materials. Asbestos samples of approximately 5,000 grams were prepared and weighed. Approximately 1 ml volumes of EPA 55 and amended water were then added to the respective samples. Each sample was weighed again and then placed in a Drying Desiccator for 24 hours. After drying, each sample was weighed again to determine weight loss, representing liquid loss. Results are stated as an average of the ten samples in terms of the percentage of liquid lost in comparison to the amount of liquid originally added.

Wetting Agent	Dilution Agent:H2O	Weight Liq. Added (Gr)	Weight Liq. Lost (Gr)	% Liquid Weight Lost	Wetting Agent	Dilution Agent:H2O	Weight Liq. Added (Gr)	Weight Liq. Lost (Gr)	% Liquid Weight Lost
<b>20% CHRYSOTILE CEILING MATERIAL SAMPLES</b>					<b>99% CHRYSOTILE FIBER SAMPLES</b>				
EPA 55	1 : 1	1.0432	.0009	0.09%	EPA 55	1 : 1	1.0143	.0014	0.14%
Amend. Water	1 : 1	.8993	.4730	52.50%	Amend. Water	1 : 1	.9271	.5051	54.40%
EPA 55	1 : 2	.9919	.0016	0.16%	EPA 55	1 : 2	.8854	.0029	0.33%
Amend. Water	1 : 2	.9397	.5961	63.40%	Amend. Water	1 : 2	.9020	.5817	64.40%

## EPA 55 - DISTINCT ADVANTAGES

- Minimizes airborne fibers generated during asbestos removal providing a safer work area.
- Keeps asbestos wet for long periods eliminating costly, time-consuming reapplications.
- Significantly reduces labor costs for asbestos removal and post removal clean-up.
- Treated surfaces stay moist and soft providing faster removal and cleaner underlying surfaces.
- Lower Surface Tension provides fast penetration and thorough saturation of treated substrates.
- EPA 55 is nonionic and is *NOT* rejected by varying electrical charges.
- Wets out dense-cementitious insulations, including Amosite.
- Outstanding water retention lessens the risk of water damage in the work area.
- EPA 55 will *NOT* harden quickly like silicate based removal encapsulants. EPA 55 allows crews to "wet out" large areas of asbestos *WITHOUT* concern over how many minutes have gone by before removal operations must begin.
- May be used at temperatures less than 32° Fahrenheit.

## EPA 55 - PRODUCT DATA

Classification	Asbestos Removal Agent
Formulation	Aqueous Concentration
Surface Tension (ASTM D-1331):	
Full-Strength	22.0 Dynes/cm
Diluted 1 Part Water	25.5 Dynes/cm
Diluted 2 Parts Water	26.3 Dynes/cm
Evaporation Rate	Slower than Water
Viscosity, cps	40
Flammability Classification:	
OSHA	Class IIIB
DOT	Not Regulated
Flash Point (Closed Cup)	214°F
LEL	2.6%
Boiling Range	212°F
Freezing Point	Less than 32°F
pH	8.5
Specific Gravity	1.001
Ionic Type	Noionic
Freeze/Thaw (3 Cycles)	Excellent
Weight per Gallon, Pounds	8.3 - 8.4
Reactivity Data	Stable
Incompatibility	Strong Oxidizing Agents
Odor	Mild
Color	Clear
Recommended Storage	40°F - 90°F
Shelf Life	Indefinite
Application Equipment	Airless Spray
Application Pressure	10 - 150 PSI

## APPLICATION

EPA 55 shall be used in accordance with all Federal, State and Local standards governing the safe handling of asbestos containing materials.

Only remove asbestos materials which are wet.

Wear safety non-skid footwear.

EPA 55 may be used full-strength or may be diluted up to 2 parts water. Manufacturer recommends trial application to determine the most effective dilution for each application. Excessive dilution reduces product's efficiency.

May be applied by airless spray, injection or hand held garden sprayer.

1. Prepare desired concentration of EPA 55.
2. Lightly mist substrate to break surface tension and control surface particulates. Full-strength misting is recommended for dense/cementitious materials.
3. Thoroughly saturate surface in continuous passes. Avoid excessive dripping. Coverage is dependent upon field conditions.
4. Allow to permeate.
5. Removal may begin when insulation is completely saturated.

## ADDITIONAL PRODUCTS FOR ASBESTOS CONTROL

CABLE COATING 22P

"Lock-Down" & Penetrating Sealant

CABLE COATING 2B

"Lock-Down" & Bridging Sealant

F.N.E. HI - TEMP

"Lock-Down" Sealant Up To 800°F

EARTH-KOTE PROCESS

Soil Encapsulation (Patented)

CONVENIENT  
WAREHOUSE LOCATIONS

Morton Grove  
Illinois

Nitro  
West Virginia

Corona  
California

Ft. Lauderdale  
Florida

### CORPORATE OFFICES

8129 Austin Avenue  
Morton Grove, Illinois 60053  
(800) 323-7580  
(708) 967-8700

### ALL ORDERS

1-800-323-7580

1500 N.W. 62nd Street  
Ft. Lauderdale, FL 33309  
(305) 772-8188  
FAX (305) 772-8786



AMERICAN COATINGS CORPORATION

MATERIAL SAFETY DATA SHEET  
FOR COATINGS, RESINS, AND RELATED MATERIALS

MANUFACTURED FOR  
American Coatings Corp  
2530 N Powerline/404  
Pompano Beach, FL 33069

EMERGENCY TELEPHONE

(305)960-0500

DATE OF PREPARATION  
May 15, 1989

SECTION I - PRODUCT IDENTIFICATION

PRODUCT NUMBER: EPA-55 (Patented) PRODUCT NAME: Wetting Concentrate  
for Asbestos Removal

PRODUCT CLASS : Mixture

TRANSPORTATION INFORMATION: Shipping Class 55, Paint (no special labels  
required)

SECTION II - HAZARDOUS INGREDIENTS

INGREDIENT	PERCENT BY WT.	OCCUPATIONAL EXPOSURE LIMITS TLV	VAPOR PRESSURE
Propylene Glycol [57-55-6]	less than 9 - 10	Not established Oral LD (rat)=25ml/kg 50	.22mmHg 68° F

SECTION III - PHYSICAL DATA

BOILING RANGE: 212° F VAPOR DENSITY: Heavier than air

EVAPORATION RATE: Slower than ether VOLATILE VOLUME: 99.1%

WT/GAL: 8.3 lbs. SPECIFIC GRAVITY: 1.001 pH: 8.6

SOLUBILITY IN WATER: Appreciable VISCOSITY: Brookfield, 20 centipoises

VAPOR PRESSURE OF MIXTURE: Not established VOLATILE ORGANICS: 1.36 grams/ml

APPEARANCE AND ODOR: Opaque liquid; none to mild odor



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SECTION IV - FIRE AND EXPLOSION HAZARD DATA

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## FLAMMABILITY CLASSIFICATION:

OSHA - IIIB DOT - Not regulated Flash Point - 214° F TCC

LEL - 2.6%

## EXTINGUISHING MEDIA:

Alcohol Foam CO2 Dry Chemical Water Fog

UNUSUAL FIRE AND EXPLOSION HAZARDS: None known.

SPECIAL FIREFIGHTING PROCEDURE: Product will not burn until water has evaporated. Use self-contained breathing apparatus and protective clothing. Do not use a solid stream of water as it may scatter fire. For residual solids, use self-contained breathing apparatus.

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SECTION V - HEALTH HAZARD DATA

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EFFECTS OF OVEREXPOSURE: Eyes and skin; can cause irritation. Inhalation: no effects known. Ingestion: gastrointestinal irritation, nausea, vomiting, diarrhea.

MEDICAL CONDITIONS PRONE TO AGGRAVATION BY EXPOSURE: None known.

PRIMARY ROUTES OF ENTRY: Dermal, Inhalation

EMERGENCY AND FIRST AID PROCEDURE: Skin - wash with soap and water. Eyes - flush with clean water at least 15 minutes. If irritation persists, consult physician. Inhalation - remove to fresh air. If breathing is difficult, administer oxygen. If irritation persists, consult physician. Ingestion - give two glasses of water, induce vomiting, consult physician or poison control center. Never give anything by mouth to an unconscious person.

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SECTION VI - REACTIVITY DATA

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STABILITY: Stable

HAZARDOUS POLYMERIZATION: Will not occur

## HAZARDOUS DECOMPOSITION PRODUCTS:

Thermal decomposition will yield CO, CO2, propionaldehyde, lactic acid, pyruvic and acetic acids.

CONDITIONS TO AVOID: See below.

## INCOMPATIBILITY (Materials to avoid):

Strong oxidizing agents.

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### SECTION VII - SPILL OR LEAK PROCEDURES

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STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: Major spills should be contained and taken up with sand, clay, earth, floor absorbent and shoveled into containers. Small spills should be absorbed on paper, floor compound or other absorbent and transferred to hood.

WASTE DISPOSAL METHOD: Small spills - allow volatile portion to evaporate completely and dispose of residue in accordance with applicable regulations.  
( Large spills - destroy liquid incineration or landfill in accordance with all regulations.

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### SECTION VIII - SAFE HANDLING AND USE INFORMATION

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RESPIRATORY PROTECTION: In restricted ventilation areas, or applications where mists or spray may be generated, avoid inhalation of airborne particulates by using an approved respirator with organic vapor cartridge with prefilter for mist or dust.

VENTILATION: General (mechanical) room ventilation is expected to be satisfactory. Local exhausts should be considered for coating operations.

PROTECTIVE GLOVES: Resistant gloves, such as polyethylene.

EYE PROTECTION: Goggles, faceshield, or other eyewear to protect from splash. As a general rule, contact lens should not be worn when working with chemicals.

OTHER PROTECTIVE EQUIPMENT: Impervious clothing and boots.

HYGIENIC PRACTICES: Thoroughly cleanse hands after handling. Launder contaminated clothing before reuse.

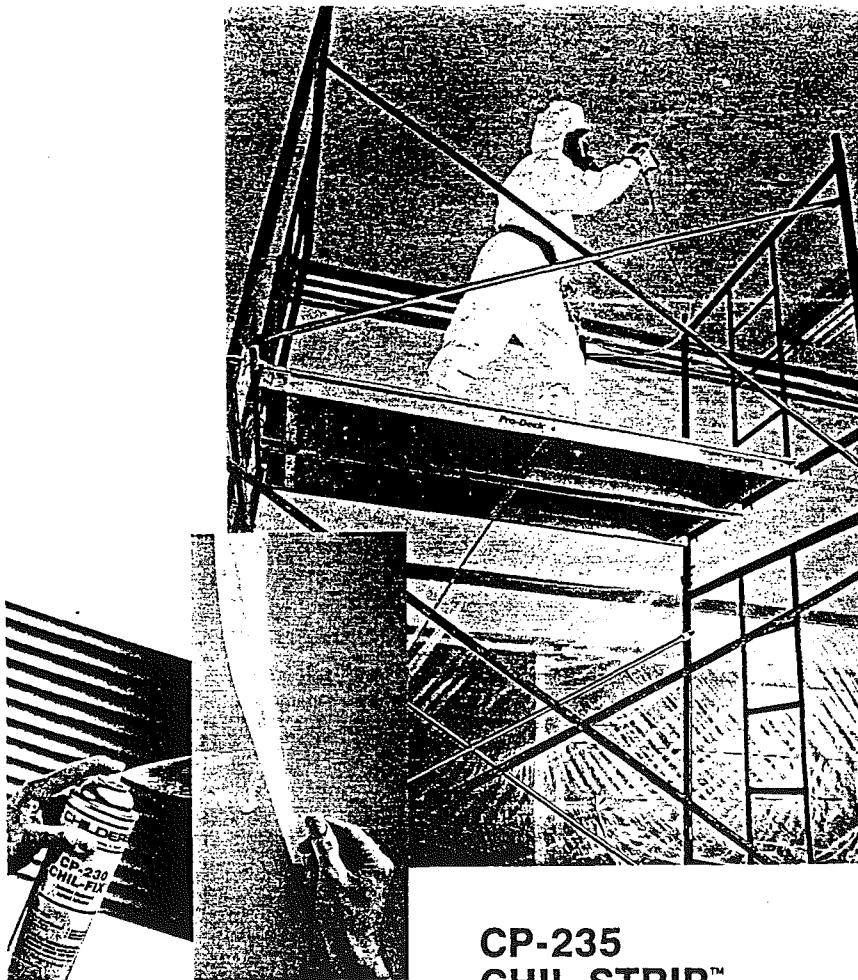
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### SECTION IX - SPECIAL PRECAUTIONS

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PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING: Avoid breathing vapors. Avoid application to hot surfaces, as vapors may be irritating. Keep container closed. Use with adequate ventilation. Store indoors at temperatures of 40 - 90°F. Do not store in contact with iron, aluminum, zinc, copper, or other alloys.

OTHER PRECAUTIONS: For industry/professional use only. Not intended for retail sale or use by individual consumers. Do not reuse container for potables or edibles.

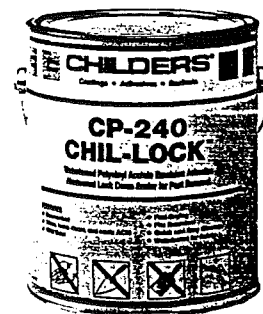


### **CP-230 CHIL-FIX™ Aerosol Adhesive**

A clear, clean, strong, flexible, fast-bonding aerosol adhesive holds polyethylene sheeting and other plastic films in place prior to final securement when setting up containment areas, even over rough substrates and vertical surfaces. Resistant to water for strength in high humidity environments. High solids content provides greater coverage for economy. Will not soak through or penetrate polyethylene. Fast drying to help keep production rates high. Available in 15-1/2 ounce pressurized spray cans, 12 cans per case. Also available in a methylene chloride free version as CP-231 Chil-Fix™ MF.

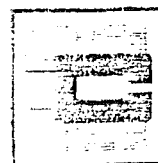
### **CP-235 CHIL-STRIP™ Adhesive Remover**

A convenient, non-flammable, and economical adhesive remover for asbestos abatement activities. The perfect companion to CHIL-FIX CP-230 aerosol adhesive. Specially formulated to remove adhesive residue from walls and other substrates without destroying or impairing the substrate. Its use often minimizes or eliminates the need to repair and/or repaint walls, ceilings, and floors. Available in 18-ounce pressurized spray cans, 12 cans per case.



### **CP-240 CHIL-LOCK™ Removal Encapsulant/ Post-Removal Sealer**

An economic, fire retardant, waterbased removal encapsulant and post-removal sealer designed to mist, lock down, and seal free asbestos fibers and residual ACM after removal has been completed. It locks the ACM onto the cleaned substrate and polyethylene sheeting to prevent loose fibers from becoming airborne. It is UL classified under E-119 for use as a primer on structural surfaces to be fireproofed in respray applications, and is approved by the major fireproofing re-spray manufacturers. Being waterbased, it is safe to use because it contains no harmful solvents: cleanup is also fast and easy. Available in 1-gal. cans, 2-gal. pails, 5-gal. pails, and 55-gal. drums.



### **CHILDERS PRODUCTS COMPANY**

35555 Curtis Boulevard  
Eastlake, Ohio 44095  
(216) 953-5200 (800) 321-7994  
Fax (216) 953-0638

**MATERIAL SAFETY DATA SHEET**  
**CHILDERS PRODUCTS COMPANY****SECTION I**

Manufacturer's Name: **CHILDERS PRODUCTS CO.**  
2061 HARTEL  
LEVITTOWN, PA 19057  
(215) 943-7800  
Emergency Telephone No.  
Chemtrec 1-800-424-9300

Trade Name: **CP-240 Chil-Lock(TM)**  
Chemical Family: **Polyvinyl Acetate Emulsion**  
DOT Hazard Class: **Not Regulated**

FLAMMABILITY	REACTIVITY
0	0
HEALTH	PROTECTION
1	8

**SECTION II - HAZARDOUS INGREDIENTS**

INGREDIENT	CAS NUMBER	PERCENT	PPM	TLV/PEL mg/m3
NONE				

**SECTION IIA - NON-HAZARDOUS INGREDIENTS**

INGREDIENT	CAS NUMBER
Water	7732-18-6
Polyvinyl Acetate Emulsion	9003-20-7
Chlorinated Olefin	68410-99-1

**SECTION III - PHYSICAL DATA**

BOILING POINT (F):	212	EVAPORATION RATE:	1 (Water=1)
SOLUBILITY IN WATER:	Appreciable.	VAPOR PRESSURE:	Not established
SPECIFIC GRAVITY:	1.1	VAPOR DENSITY:	Not established
% VOLATILE BY VOLUME:	90	pH:	4-7
VOC CONTENT:	0		
APPEARANCE AND ODOR:	Thin liquid of various colors, latex paint odor.		

**SECTION IV - FIRE AND EXPLOSION HAZARD DATA**

FLASH POINT:	Not applicable.	FLAMMABLE LIMITS:	Not applicable.
EXTINGUISHING MEDIA:	Will not burn in wet state.		

**SECTION V - EMERGENCY AND FIRST AID PROCEDURES**

EYE CONTACT:	Flush thoroughly with water for at least 15 minutes. Consult a physician if irritation persists.
SKIN CONTACT:	Wash thoroughly with soap and water.
INHALATION:	With normal ventilation no inhalation problems should occur.
INGESTION:	If swallowed, DO NOT induce vomiting. Seek immediate medical advice and/or attention.

**SECTION VI - REACTIVITY DATA**

STABILITY:	Stable.	HAZARDOUS POLYMERIZATION:
INCOMPATIBILITY:	None.	Will not occur.
HAZARDOUS DECOMPOSITION		
PRODUCTS:	Carbon dioxide and/or carbon monoxide.	

**SECTION VII - PHYSIOLOGICAL EFFECTS AND HEALTH INFORMATION**

ACUTE EFFECTS:	May cause skin irritation.
CHRONIC EFFECTS:	None expected.
EYE EFFECTS:	May be an eye irritant.
SKIN EFFECTS:	May cause skin irritation upon prolonged or repeated contact.
INHALATION:	No information on this route of exposure.
INGESTION:	Oral toxicity not available on compound. Seek medical attention.

**SECTION VIII - SPECIAL PROTECTION INFORMATION**

<b>RESPIRATORY PROTECTION:</b>	None required.
<b>VENTILATION:</b>	General mechanical ventilation is sufficient.
<b>PROTECTIVE GLOVES:</b>	Impermeable gloves are recommended.
<b>EYE PROTECTION:</b>	Safety glasses, chemical goggles and/or face shields are recommended.
<b>OTHER PROTECTIVE EQUIPMENT:</b>	The availability of eye washes and safety showers in the work area is recommended.

**SECTION IX - SPILL OR LEAK PROCEDURES**

<b>PRECAUTIONS IN CASE OF RELEASE OR SPILL:</b>	Spills should be diked to prevent spreading. Spills should be absorbed with sand or porous inorganic material and then collected for disposal.
<b>WASTE DISPOSAL METHODS:</b>	Dispose of in accordance with all applicable regulations.

**SECTION X - STORAGE AND SPECIAL PRECAUTIONS**

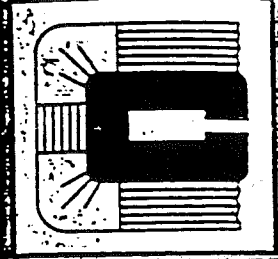
<b>EXTINGUISHING MEDIA:</b>	Will not burn in wet state.
<b>UNUSUAL FIRE AND EXPLOSION HAZARDS:</b>	None.
<b>SPECIAL FIRE FIGHTING PROCEDURES:</b>	None.
<b>STORAGE PRECAUTIONS:</b>	Keep tightly closed in cool, dry, ventilated area.

**SECTION XI - REGULATORY INFORMATION**

No ingredient is present in this product at a concentration of 0.1% or more that is classified as a carcinogen by IARC, NTP, or OSHA. No ingredients in this product are subject to the reporting requirements of SARA TITLE 3 SECTION 313. This product contains a chemical known to the State of California to cause cancer (California law requires this statement if a listed chemical is detectable, regardless of its true hazard potential.)

**SECTION XII - DOCUMENTARY INFORMATION**

<b>ISSUE DATE:</b> January 1, 1991 (Supersedes January 1, 1990)	<b>PREPARED BY:</b> Robert Andrews, Environmental Compliance Officer CP-240
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## ECONOMICAL, FIRE RETARDANT ASBESTOS ABATEMENT REMOVAL AGENT AND POST REMOVAL SEALER

### DESCRIPTION

CHIL-LOCK™ CP-240 is an economic, fire retardant, polymeric water-based asbestos removal agent and post removal sealer. As a post removal sealer, it is designed to mist, lock down, and seal free asbestos fibers and residual asbestos containing material (ACM) after removal. It effectively locks the ACM onto cleaned, exposed substrates and polyethylene sheeting within the containment area to prevent any loose fibers from becoming airborne. The product also adheres to structural steel and surfaces to be reinsulated for service temperature applications up to 180°F (82°C). CHIL-LOCK CP-240 may also be used in a diluted form as an asbestos removal agent to mist and wet ACM for removal purposes in the containment area. It is available in clear, black, and blue colors.

### USES

CHIL-LOCK CP-240 is used undiluted as a post removal sealer to lock down and seal ACM remaining in a containment area following removal operations and final visual inspection. It is also used as a primer on structural surfaces to be fireproofed in respray applications. (It is recommended that the product in either black or blue color be used for lock down post removal sealing purposes.)

CHIL-LOCK CP-240 may also be used in a diluted form as a removal agent to mist and wet ACM for and during removal operations.

### ADVANTAGES

CHIL-LOCK CP-240 asbestos removal agent/post removal sealer is waterbased for personnel safety, and contains no harmful solvents. Being waterbased, clean up of the work area and tools is fast and easy. It has no objectionable odor and does not adversely affect workers in the containment area, or personnel in areas immediately adjacent to the abatement operations. Application is quick and easy to maximize production rates. Colored product quickly identifies treated surfaces for ease of visual inspection for, during, and after removal.

CHIL-LOCK CP-240 asbestos removal agent/post removal lock down sealer, in the undiluted state, is classified by Underwriter's Laboratories under ASTM E-119, and is approved when used in conjunction with fireproofing respray products manufactured by W.R. Grace & Co. (Retro-Guard® RG), and Isolatek International (Cafco® Blaze-Shield® Types D-C/F).

### COLOR

Black 240  
Blue 240-B  
Clear 240-C

### WET WEIGHT

8.4 lbs./U.S. gal.  
(1 kg/liter)

### AVERAGE NON-VOLATILE

10-12% by weight (undiluted)

### SERVICE TEMPERATURE RANGE

(Temperature to which dry sealer is subjected)  
40°F to 180°F  
(4°C to 82°C)

### APPLICATION TEMPERATURE RANGE

40°F to 100°F  
(4°C to 38°C)

### DRYING TIME

(Drying time is dependent upon temperature, humidity, and film thickness.)

Lock Down: To touch — less than 2 hours  
Through — overnight

Removal: Extended working time.

### COVERAGE

(Coverage is dependent upon the nature of the substrate.)

Lock Down: 150-500 sq. ft./U.S. gal. (3.7-12.2 sq. m/liter).

Fireproofing: Not less than 1,000 sq. ft./U.S. gal. (24.5 sq. m/liter) when used with W.R. Grace Retro-Guard® Types RG and RG1.

Not less than 150 sq. ft./U.S. gal. (3.7 sq. m/liter) when used with Isolatek International Cafco® Blaze-Shield® Types D-C/F.

Removal: 12.5-25 sq. ft./U.S. gal.  
(3-6 sq. m/liter)

### CLEAN-UP

Clean Water

### SURFACE BURNING CHARACTERISTICS

(ASTM E-84, U.L. Tunnel Test)

Flame Spread 5

Smoke Developed 0

Surface 1/4" Inorganic Reinforced Cement Board

Fire Hazard Classification of Solvent: Non-Flammable.



35555 Curtis Blvd. • Eastlake, Ohio 44095 • (216) 953-5200 • FAX: (216) 953-0638

OTHER PLANTS AT  
Philadelphia, PA 19057  
(215) 943-7600  
FAX (215) 943-5839

Houston, TX 77022  
(713) 691-3661  
FAX (713) 697-5746

Los Angeles, CA 90640  
(213) 728-6306  
FAX: (213) 728-3995

Toronto, Ontario, Can.  
(416) 676-1444  
FAX (416) 676-0059

Edmonton, Alberta, Can.  
(403) 452-4860  
FAX: (403) 455-0259

CP-240-1090  
Supersedes  
CP-240-1189  
**8.60**

The product used as an asbestos removal agent and post removal lock down sealer for asbestos containing materials shall be CHIL-LOCK CP-240 as manufactured by Childers Products Company. When used as a post removal lock down sealer, the product shall be applied as received, and undiluted, at a coverage rate of 150 to 500 sq. ft./U.S. gal. (3.7 to 12.2 sq. m/liter). When used as a primer underneath fireproofing respray manufactured by W.R. Grace & Co. (Retro-Guard® Types RG and RG1), the product shall be applied at a coverage rate not less than 1,000 sq. ft. /U.S. gal. (24.5 sq. m/liter). When used as a primer underneath fireproofing respray manufactured by Isolatek International (Calco® Blaza-Shield® Types D-C/F), the product shall be applied at a coverage rate not less than 150 sq. ft./U.S. gal.

(3.7 sq. m/liter). If used as an asbestos removal agent, the product may be diluted up to 4 parts water to one part product; the diluted product shall then be applied at a coverage rate of 12.5 to 25 sq. ft./U.S. gal. (3 to 6 sq. m/liter). The CHIL-LOCK CP-240 asbestos removal agent/post removal sealer shall be applied by low pressure airless spray equipment or hand pump. If used as an asbestos removal agent, asbestos containing materials must be removed while the CHIL-LOCK CP-240 is still wet. When used as a post removal lock down sealer, no refurbishing shall take place until the CHIL-LOCK CP-240 has dried and until inspection confirms that ambient air sampling results for particles have returned to pre-removal levels.

## Application Guide and Suggested Procedures

### 1. USE OF MATERIAL

Store at room temperature prior to spraying to achieve best results. Prevent freezing of material.

When used as a post removal lock down sealer, CHIL-LOCK CP-240 must be applied as supplied by the manufacturer. Do not thin or dilute, since various approvals from other manufacturers may be affected, or even nullified, which may result in a voided product warranty. Apply the product by airless spray. First, mist the containment area to entrap and seal residual asbestos fibers remaining in the air. Then continue application onto the exposed substrates to lock down and seal residual and/or free asbestos fibers remaining in the containment area, after the preliminary removal work and final inspection has been completed. Allow to dry thoroughly overnight before taking final fiber count readings, and before approval to disassemble the containment area.

If used as an asbestos removal agent, CHIL-LOCK CP-240 may be diluted up to 4 parts water to one part product (if desired). Mist the containment area to minimize airborne asbestos contaminants, and then wet all ACM surfaces lightly to break the surface tension. Then, spray the ACM until droplets begin to form on the surface. Allow the product to "wick in" to the ACM while continuing to spray adjacent ACM surfaces. Continue to spray apply until maximum penetration has been achieved. ACM must be removed while still wet.

### 2. SPRAY APPLICATION

CHIL-LOCK CP-240 asbestos removal agent/post removal sealer is normally applied by low pressure airless spray equipment. It may also be applied by brush or roller to surfaces not receptive to spray application. Pressure settings for airless spray application should be kept to minimum levels while maintaining adequate atomization during application.

### 3. GLOVE BAG/HAND PUMP APPLICATION

Place a full hand pump sprayer into the glove bag with other necessary tools, and install the glove bag per manufacturer's recommendations. Spray apply the CHIL-LOCK CP-240 asbestos removal agent/post removal sealer onto the ACM to lock down friable fibers. Mist and wet the entire surface inside the glove bag before removing ACM. Remove all ACM in accordance with specifications.

### 4. SAFETY PRECAUTIONS

Eyes and skin should be protected at all times. Respirators should be utilized according to O.S.H.A. regulatory requirements. Repeated or prolonged skin contact may cause mild irritation.

### All Childers Coatings, Adhesives, and Sealants are Asbestos Free

All orders are accepted subject to and sales made in accordance with the Terms & Conditions in seller's Acknowledgement and Acceptance form.

Recommendations made by this company and its representatives are based upon test data, experiments, and experience believed to be reliable. No guarantee of accuracy is made, however. All products are sold upon the condition that the buyer will make his own tests and assume the responsibility for the suitability of the product under his application and service conditions. Statements made herein as to coverage, drying, performance, applicability, and other properties will vary according to the nature of the surfaces to which the product is applied, application technique, and service conditions. We in no event assume liability beyond the purchase price of our products involved and make as a condition of sale that we will refund the purchase price or replace materials proven to be defective and reported in a timely fashion but no later than six (6) months after shipment. No representative of manufacturer and/or seller has authority to alter or extend these conditions.

### SPRAY ADHESIVE

This wide web spray adhesive is one of the highest performance aerosol adhesives available. For both temporary or permanent bonding, this high solids product is ideal for uneven or porous surfaces and weight materials. Waterproof flexible transparent and non-staining, use this product for your toughest adhesive applications with materials such as leather, cardboard, most plastics, polyethylene sheeting and cloth. Formulated with the environment in mind, this product contains NO CHLORINATED SOLVENTS. Cleans easily with Mineral Spirits. Not intended for use on vinyl.

### DIRECTIONS

Always shake well before using. Never aim valve at face. Hold can upright and apply adhesive in a side to side motion 10 to 14 inches from surface.

TEMPORARY BONDS: Spray surface, allow to tack and apply material to be bonded.

PERMANENT BONDS: Liberally spray both surface and material, allow to tack, then apply.

CLEANING SPRAY TIP: When finished with a particular spray application, always turn can upside down and spray for two seconds to clear valve and prevent clogging. If adhesive accumulates around nozzle wipe clear while wet. If dried in valve opening, remove with degreasing solvent.

### DANGER

Extremely Flammable. Contains Hexane and Acetone. Use with adequate ventilation. Keep away from heat, sparks, open flame or other ignition sources. Avoid inhalation of spray mist or vapors. If overcome, move patient to fresh air. Call a physician immediately. Avoid contact with eyes and skin. In case of eye contact, flush immediately with water and continue for 15 minutes. If irritation persists, see a physician. For skin contact, wash with soap and water. If irritation persists, call a physician immediately. Harmful or fatal if swallowed. Do not take internally. If swallowed, do not induce vomiting. Contact a physician immediately. Contents under pressure. Do not puncture or incinerate container. Do not store at temperatures above 120°F. KEEP OUT OF REACH OF CHILDREN.

5/94

SOLD BY:

**CDC**

Castor Distribution Co.

1530 Missile Way  
Anaheim, CA 92801  
714-871-8754



Castor Distribution Co.

# Spray Adhesive

Serving the Abatement Industry

- Wide Web Spray
- High Solids
- No Chlorinated Solvents

### DANGER

EXTREMELY FLAMMABLE. VAPOR HARMFUL. INJURIOUS TO EYES. HARMFUL OR FATAL IF SWALLOWED. CONTENTS UNDER PRESSURE. KEEP OUT OF REACH OF CHILDREN. See additional cautions on back panel.

NET WT. 12 OZ. (340 grams)

315-20







# MATERIAL SAFETY DATA SHEET

AND SAFE HANDLING AND DISPOSAL INFORMATION

02/21/94

PAGE 1 OF 3

ZEP MANUFACTURING COMPANY  
FIRST IN MAINTENANCE PRODUCTS

ISSUE DATE: 02/10/94  
SUPERSEDES:

X-1594  
PRODUCT NUMBER: 7501

## SECTION I - EMERGENCY CONTACTS

ZEP MANUFACTURING COMPANY TELEPHONE: (404)352-1680 BETWEEN 8:00 AM-5:00 PM (EST)  
P.O. BOX 2015 NON-OFFICE HOURS, WEEKENDS, AND HOLIDAYS: AREA CODE 404  
ATLANTA, GEORGIA 30301 435-2973, 351-2752, 432-2873  
LOCAL POISON CONTROL CENTER  
TRANSPORTATION EMERGENCY: CHEMTREC: TOLL FREE 1-800-424-9300 ALL CALLS RECORDED  
(404)922-0923 OR DISTRICT OF COLUMBIA (202)483-7616 ALL CALLS RECORDED

## SECTION II - HAZARDOUS INGREDIENTS

DESIGNATIONS	TLV (PPM)	EFFECTS (SEE REVERSE)	% IN PROD.
** LOW ODOR PARAFFINIC SOLVENT ** odorless base oil; dispersol; CAS# 64742-47-8; RTECS# NONE; OSHA PEL-500 ppm.	500	CNS CBL IRR	70-80
*** ETHYLENE GLYCOL MONOBUTYL ETHER ** 2-butoxyethanol; butyl cellosolve; CAS# 111-76-2; RTECS# KJ8575000; OSHA PEL (SKIN)-25 ppm	25	TOX IRR CBL	10-20
** NONYLPHENOXYPOLY(ETHYLENEOXY)ETHANOL ** poly(oxy-1,2-ethanediyl), alpha-(nonylphenyl)-omega-hydroxy; CAS# 9016-45-9; RTECS# MD905000; OSHA PEL-N/D	N/D	EIR	<5
** NONYLPHENOXYPOLY(ETHYLENEOXY)ETHANOL ** poly(oxy-1,2-ethanediyl), alpha-(nonylphenyl)-omega-hydroxy; CAS# 9016-45-9; RTECS# MD900000; OSHA PEL-N/D.	N/D	EIR	<5

@ IDENTIFIES CHEMICALS LISTED UNDER SARA-SECTION 313 FOR RELEASE REPORTING.

## SECTION III - HEALTH HAZARD DATA

SPECIAL NOTE: MSDS data pertains to the product as dispensed from the container. Adverse health effects would not be expected under recommended conditions of use (diluted) so long as prescribed safety precautions are practiced.

### ACUTE EFFECTS OF OVEREXPOSURE:

The solvents in this product, when inhaled or absorbed in harmful quantities, may produce central nervous system depression characterized by headache, nausea, dizziness and stupor. Vapors or spray mists may be irritating to nasal and respiratory tract. Product may be irritating to skin and eyes resulting in redness, itching or burning. Introduction of solvents, as in aspiration of vomitus fluid, may produce chemical pneumonia. Existing respiratory disorders and skin diseases may be aggravated by exposure.



# MATERIAL SAFETY DATA SHEET

AND SAFE HANDLING AND DISPOSAL INFORMATION

PAGE 2 OF 3

ZEP MANUFACTURING COMPANY  
FIRST IN MAINTENANCE PRODUCTS

ISSUE DATE: 02/10/94  
SUPERSEDES:

X-1594  
PRODUCT NUMBER: 7501

## SECTION III - HEALTH HAZARD DATA (CONTINUED)

### CHRONIC EFFECTS OF OVEREXPOSURE:

Skin which is repeatedly defatted by contact with this product may be more susceptible to irritation, infection, or dermatitis.  
None of the ingredients are listed as carcinogens by IARC, NTP, or OSHA.  
Animal studies indicate a potential for liver, kidney, or red blood cell damage. Relevance of these studies or exposure levels which might produce these effects in humans has not been established.

ST'D PEL/TLV: Not established PRIMARY ROUTES OF ENTRY: Inh, Skin.

HMIS CODES: HEALTH 2; FLAM. 2; REACT. 0; PERS. PROTECT. II; CHRONIC HAZ. YES

### FIRST AID PROCEDURES:

SKIN : Wash contaminated skin thoroughly with soap or a mild detergent. Apply a skin cream with lanolin. Get medical attention if irritation persists.  
YES : Immediately flush eyes with plenty of water for at least 15 minutes, occasionally lifting upper and lower lids. Get medical attention at once.  
INHALE: Move exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Get medical attention immediately.  
INGEST: If swallowed, do not induce vomiting. If vomiting occurs, keep head below hip level. Get emergency medical attention immediately.

## SECTION IV - SPECIAL PROTECTION INFORMATION

PROTECTIVE CLOTHING : Wear neoprene, nitrile, or natural rubber gloves or gloves with proven resistance to the ingredients listed.  
EYE PROTECTION : Wear splash-proof safety goggles especially if contact lenses are worn.  
RESPIRATORY PROTECTION: In the unlikely event that exposure levels exceed the PEL/TLV, use an organic vapor respirator (eg Zep 2211).  
VENTILATION : Provide local exhaust/ventilation as needed to keep concentration of vapors below exposure limits (PEL/TLV).

## SECTION V - PHYSICAL DATA

BOILING POINT (F)	: 350 Approx.	SPECIFIC GRAVITY	: 0.82
VAPOR PRESSURE (MMHG)	: N/D	PERCENT VOLATILE BY VOLUME (%)	: 96
VAPOR DENSITY (AIR=1)	: N/D	EVAPORATION RATE (ETHER =1)	: <1
SOLUBILITY IN WATER	: EMULSIFIES	PH (CONCENTRATE)	: N/A
		PH (USE DILUTION OF N/A)	: N/A

APPEARANCE AND ODOR : A CLEAR, COLORLESS LIQUID WITH A SOLVENT ODOR.

## SECTION VI - FIRE AND EXPLOSION DATA

FLASH POINT (F) (METHOD USED): 142 F (TCC)  
FLAMMABLE LIMITS LEL N/A UEL N/A  
EXTINGUISHING MEDIA : Carbon dioxide, dry chemical and foam.  
SPECIAL FIRE FIGHTING: Wear self-contained positive pres. breathing apparatus.  
UNUSUAL FIRE HAZARDS : Concentrated vapor may ignite if exposed to spark.



# MATERIAL SAFETY DATA SHEET

AND SAFE HANDLING AND DISPOSAL INFORMATION

PAGE 3 OF 3

ZEP MANUFACTURING COMPANY  
FIRST IN MAINTENANCE PRODUCTS

ISSUE DATE: 02/10/94  
SUPERSEDES:

X-1594  
PRODUCT NUMBER: 7501

## SECTION VII - REACTIVITY DATA

STABILITY : Stable  
INCOMPATIBILITY(AVOID) : Heat, open flame, spark, and oxidizing agents.  
POLYMERIZATION : Will not occur.  
HAZARDOUS DECOMPOSITION: Carbon dioxide, carbon monoxide, and other unidentified organic compounds.

## SECTION VIII - SPILL AND DISPOSAL PROCEDURES

### STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:

Observe safety procedures in section 4 & 7 during clean-up. Absorb spill on inert absorbent material (eg Zep-O-Zorb). Pick up and place residue in a suitable waste container. Wash spill area thoroughly with a detergent solution and rinse well with water.

### WASTE DISPOSAL METHOD:

Liquid wastes are not permitted in landfills. Product is not considered a hazardous waste under RCRA. Unusable liquid may be absorbed on an inert absorbent material (eg Zep-O-Zorb), drummed, and taken to a chemical or industrial landfill. Pretreatment may be required before landfilling. Consult local, state, or federal agencies for proper disposal in your area.

HAZ. WASTE NOS.: N/A

## SECTION IX - SPECIAL PRECAUTIONS

### PRECAUTIONS TO BE TAKEN WHEN HANDLING AND STORING:

Store tightly closed container in a dry area at temps. between 40-120 degrees F. Combustible! Store and use away from heat, sparks, open flame, or any source of ignition.  
Do not breathe spray mists or vapors.  
Clothing or shoes which become contaminated with substance should be removed promptly and not reworn until thoroughly cleaned.  
Keep out of the reach of children.

## SECTION X - TRANSPORTATION DATA

DOT PROPER SHIPPING NAME  
NONE

DOT HAZARD CLASS: N/A

DOT I.D. NUMBER: N/A

DOT LABEL/PLACARD: NONE

EPA TSCA CHEMICAL INVENTORY - ALL INGREDIENTS ARE LISTED

EPA CWA 40CFR PART 117 SUBSTANCE(RQ IN A SINGLE CONTAINER): NONE

M1C  
MATERIAL SAFETY DATA SHEET

PRODUCT NAME: PREMIUM PAINT&EPOXY REMOVER  
PRODUCT CODE: 200-205

HMIS CODES: H F R P  
2\* 1 0 C

===== SECTION I - MANUFACTURER IDENTIFICATION =====

MANUFACTURER'S NAME: JASCO CHEMICAL  
ADDRESS: P.O. Drawer J, 1710 Villa St., Mountain View, CA 94042  
EMERGENCY PHONE: (800)424-9300 INFORMATION PHONE: (415)968-6005  
DATE REVISED : 01-31-94 NAME OF PREPAREK : JCZ  
REASON REVISED : UPDATE: REV.3

===== SECTION II - HAZARDOUS INGREDIENTS/SARA III INFORMATION =====

HAZARDOUS COMPONENTS	CAS NUMBER	OCCUPATIONAL EXPOSURE LIMITS			VAPOR PRESSURE @ 68°F	WEIGHT PERCENT
		OSHA PEL	ACGIH TLV	OTHER		
*METHYLENE CHLORIDE; DICHLOROMETHANE	75-09-2	500 PPM	50 PPM	50PPM IARC	350.0	68F 87.11
ALIPHATIC PETROLEUM DISTILLATES	64742-96-7	400 PPM	100 PPM	N/A	2.0	68F
*METHYL ALCOHOL; CARBINOL; COLONIAL SPIRIT	67-56-1	200 PPM	200 PPM	POISONOUS	97.7	68F 7

\* Indicates toxic chemical(s) subject to the reporting requirements of section 313 of Title III and of 40 CFR 372.  
WARNING: THIS PRODUCT CONTAINS A CHEMICAL(S) KNOWN TO THE STATE OF CALIFORNIA TO CAUSE CANCER.

===== SECTION III - PHYSICAL/CHEMICAL CHARACTERISTICS =====

BOILING POINT: 104 DEG. F SPECIFIC GRAVITY (H2O=1): 1.2  
VAPOR DENSITY: HEAVIER THAN AIR EVAPORATION RATE: SLOWER THAN ETHER  
COATING V.O.C. : 4.99 LB/GL ( 598 G/L)  
SOLUBILITY IN WATER: 2%  
APPEARANCE AND ODOR: VISCOUS, WATER-WHITE TO AMBER LIQUID; PUNGENT ODOR.

===== SECTION IV - FIRE AND EXPLOSION HAZARD DATA =====

FLASH POINT: NONE N/A METHOD USED:  
FLAMMABLE LIMITS IN AIR BY VOLUME- LOWER: 1.0% UPPER: 36.0%

EXTINGUISHING MEDIA: , WATER FOG

SPECIAL FIREFIGHTING PROCEDURES

FIREFIGHTERS SHOULD WEAR SELF-CONTAINED BREATHING APPARATUS AND PROTECTIVE CLOTHING WHEN FIGHTING FIRES.

UNUSUAL FIRE AND EXPLOSION HAZARDS

IS FLAMMABLE VAPOR-AIR MIXTURES AT TEMPERATURE ABOVE AMBIENT. LOWER TEMPERATURES-LOWER IGNITABILITY.

## SECTION V - REACTIVITY DATA

## STABILITY: STABLE

## CONDITIONS TO AVOID

HYDROLYSIS PRODUCING SMALL AMOUNTS OF HYDROCHLORIC ACID POSSIBLE WITH GROSS WATER CONTAMINATION.

## INCOMPATIBILITY (MATERIALS TO AVOID)

ALUMINUM, POSSIBLY SODIUM, POTASSIUM AND MAGNESIUM.

## HAZARDOUS DECOMPOSITION OR BYPRODUCTS

HEAT CAUSES THERMAL DEGRADATION WITH EVOLUTION OF HYDROCHLORIC ACID.

## HAZARDOUS POLYMERIZATION: WILL NOT OCCUR

NONE KNOWN

## SECTION VI - HEALTH HAZARD DATA

## INHALATION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

EXCESSIVE EXPOSURE MAY IRRITATE RESPIRATORY TRACT, NAUSEA, DIZZINESS, INEBRIATION.

## SKIN AND EYE CONTACT HEALTH RISKS AND SYMPTOMS OF EXPOSURE

SKIN AND EYE IRRITANT. SKIN CONTACT MAY CAUSE A BURNING SENSATION, ITCHING, DRYNESS. EYE CONTACT MAY CAUSE A SEVERE BURNING SENSATION, TEARING.

## SKIN ABSORPTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

DRYNESS, ITCHING, RASH.

## INGESTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

INGESTION MAY CAUSE DAMAGE TO DIGESTIVE TRACT, NAUSEA, VOMITING.

## HEALTH HAZARDS (ACUTE AND CHRONIC)

POSSIBLE NERVOUS SYSTEM, LIVER OR KIDNEY DAMAGE WITH EXCESSIVE EXPOSURES.

CARCINOGENICITY: NTP? YES IARC MONOGRAPHS? YES OSHA REGULATED? YES  
THIS PRODUCT CONTAINS A CHEMICAL WHICH IS LISTED ON THE NTP FOR CARCINOGENICITY. HOWEVER, OSHA AND IARC LISTS ARE NOT APPLICABLE AT THIS TIME.

## MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE

MAY CAUSE CARDIAC ARRHYTHMIA AND CARBOXYHEMAGLOBINEMIA.

## EMERGENCY AND FIRST AID PROCEDURES

SKIN: FLUSH WITH WATER FOR AT LEAST 15 MINUTES. SEEK MEDICAL ATTENTION IF IRRITATION PERSISTS.

EYES: FLUSH WITH WATER FOR AT LEAST 15 MINUTES. SEEK MEDICAL ATTENTION IF IRRITATION PERSISTS.

INHALATION: REMOVE VICTIM TO FRESH AIR. RESTORE BREATHING IF NECESSARY. SEEK MEDICAL ATTENTION IF BREATHING REMAINS DIFFICULT.

INGESTION: DO NOT INDUCE VOMITING. SEEK IMMEDIATE MEDICAL ATTENTION.

## ===== SECTION VII - PRECAUTIONS FOR SAFE HANDLING AND USE =====

## STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

CONTAIN LIQUID AND ABSORB WITH INERT MATERIALS. COLLECT INTO CLOSED METAL CONTAINERS. KEEP OUT OF SEWERS AND WATER SUPPLIES.

## WASTE DISPOSAL METHOD

DISPOSE OF IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.

## PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

AVOID BREATHING VAPORS. STORE IN COOL PLACES. VAPORS ARE HEAVIER THAN AIR AND WILL COLLECT IN LOW PLACES.

## OTHER PRECAUTIONS

REMOVE CONTAINER CAP SLOWLY TO RELEASE PRESSURE.

## ===== SECTION VIII - CONTROL MEASURES =====

## RESPIRATORY PROTECTION

NIOSH-APPROVED RESPIRATOR TO CONTROL TLV.

## VENTILATION

LOCAL EXHAUST IS PREFERRED, BUT MECHANICAL EXHAUST IS ACCEPTABLE.

## PROTECTIVE GLOVES

SOLVENT RESISTANT SUCH AS NEOPRENE.

## EYE PROTECTION

SAFETY GLASSES/GOGGLES.

## OTHER PROTECTIVE CLOTHING OR EQUIPMENT

SAFETY SHOWER/EYEWASH.

## WORK/HYGIENIC PRACTICES

DO NOT EAT, DRINK OR SMOKE AROUND PRODUCT.

## ===== SECTION IX - DISCLAIMER =====

## DISCLAIMER

THIS INFORMATION IS TO THE BEST OF OUR KNOWLEDGE AND BELIEF ACCURATE AS OF THE DATE COMPILED. HOWEVER, NO REPRESENTATION OR GUARANTEE IS MADE AS TO ITS ACCURACY, RELIABILITY OR COMPLETENESS.

MATERIAL SAFETY DATA SHEET  
FOR COATINGS, RESINS, AND RELATED MATERIALS  
REPLACES NPCA 1-82

MANUFACTURED FOR

American Coatings Corporation  
Plant Road  
Nitro, WV 25143

EMERGENCY TELEPHONE

(304) 755-7889

DATE OF PREPARATION

February 1, 1989

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SECTION I - PRODUCT INFORMATION

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PRODUCT NUMBER: ACC 22-P ~~6~~ Clear      PRODUCT NAME: Asbestos Encapsulant  
Lock Down/Penetrant  
PRODUCT CLASS: Copolymer Latex Coating - Water Dispersion  
TRANSPORTATION INFORMATION: Shipping Class 55, Paint (No special labels required.)

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SECTION II - HAZARDOUS INGREDIENTS

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INGREDIENT	PERCENT	OCCUPATIONAL EXPOSURE LIMIT		VAPOR PRESSURE
		TLV	PEL	

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This MSDS is developed to satisfy the requirements of the OSHA Hazard Communications Standard 29 CFR 1910.1200. The components of this mixture are not considered "Hazardous" by this OSHA Standard and are not designated carcinogenic by the National Toxicology Program (NTP) or the International Agency for Research on Cancer (IARC). Additionally, the specific chemical identities of this mixture are considered to be trade secrets by American Coatings Corporation and will be made available to health professionals only in accordance with procedures established in the previously mentioned Standard.

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SECTION III - PHYSICAL DATA

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BOILING RANGE: 212° F	VAPOR DENSITY: Lighter than air
EVAPORATION RATE: Slower than ether	VOLATILE VOLUME: 76% - 80%
WT/GAL: 9.0 lbs.	SPECIFIC GRAVITY: 1.08
	pH: 4.0
SOLUBILITY IN WATER: Appreciable	VISCOSITY: Approx. 40 centipoises
DECOMPOSITION TEMPERATURE: Approx. 240° F (115° C)	
FREEZING POINT: 32° F (0° C)	



## Section V — Reactivity Data

Stability	Unstable		Conditions to Avoid	Avoid extremes of temperatures
	Stable	X		

## Incompatibility (Materials to Avoid)

Avoid materials that react violently with water - i.e. strong acids, sodium, calcium carbide.

## Hazardous Decomposition or Byproducts

Thermal decomposition may produce CO and or CO<sub>2</sub> and traces of monomer.

Hazardous Polymerization	May Occur		Conditions to Avoid	N/A
	Will Not Occur	X		

## Section VI — Health Hazard Data

Route(s) of Entry:	Inhalation?	X	Skin?	X	Ingestion?	X
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## Health Hazards (Acute and Chronic)

Wet mist may cause skin and/or eye irritation upon prolonged contact.

## Carcinogenicity:

NTP?

Not Established

IARC Monographs?

OSHA Regulated?

## Signs and Symptoms of Exposure

Prolonged contact with skin and/or eyes may cause discomfort, swelling or redness.

## Medical Conditions

Generally Aggravated by Exposure

Not Established

## Emergency and First Aid Procedures

For skin and eye contact, flush area with large amounts of water. For ingestion, drink

2 to 3 cups of water or juice. Seek medical advice if irritation or unusual symptoms develop and persist.

## Section VII — Precautions for Safe Handling and Use

## Steps to Be Taken in Case Material is Released or Spilled

Flush spilled material into suitable retaining area with water. Prevent spilled liquid from entering sewers, drains or natural waterways. For small spills a suitable absorbant maybe used.

## Waste Disposal Method

Dispose of waste in accordance with applicable local, state and federal regulations.

## Precautions to Be Taken in Handling and Storing

Keep containers cool, dry and away from extremes in temperatures. Use and store product with adequate ventilation. Prevent exposure to air.

## Other Precautions

Avoid unnecessary exposure and launder saturated clothing before wearing.

## Section VIII — Control Measures

## Respiratory Protection (Specify Type)

NIOSH/MESA approved canister type

Ventilation	Local Exhaust		Special	None
	Mechanical (General)	Recommended	Other	

## Protective Gloves

Desirable, Not Required

## Eye Protection

Safety Goggles

## Other Protective Clothing or Equipment

Shower and eye wash desirable

## Work/Hygienic Practices

As with all chemicals, prudent handling practices should be exercised.

**MATERIAL SAFETY DATA SHEET**

Item: "A" Comp. FP

Date: 4/1/86

Supersedes

Issue of: 5/1/85

Prepared by: R. Braun

Insta-Foam Products, Inc.  
1500 Cedarwood Drive  
Joliet, IL 60435

Emergency Phone: (815) 741-6800 Ext 56  
Other Calls: (800) 435-9359 or (815) 741-6800  
CHEMTREC: (800) 424-9300 (Off business hours)

IDENTIFICATION:

Product: "A" Components for Medium & Large Volume Froth Pak Kits  
Chemical Family: Aromatic Isocyanate with Halogenated Hydrocarbon  
Chemical Name: This product is a mixture of polymeric diphenylmethane diisocyanate (MDI), dichlorodifluoromethane (R-12) and nitrogen.  
Synonyms: Urethane "A" Component, Iso, Isocyanate, Activator  
DOT Class: Compressed Gas N.O.S., Non-Flammable Gas UN 1956

HAZARDOUS INGREDIENTS:

		<u>HAZARD DATA</u>	
		1985-86 <u>ACGIH TLV</u>	OSHA, 29 CFR 1910.1000 <u>PEL</u>
4,4' Diphenylmethane Diisocyanate (MDI) CAS #101-68-8	< 50	0.02 ppm Ceiling	0.02 ppm Ceiling
Higher oligomers of MDI CAS #9016-87-9	< 50	N.E.	N.E.
Dichlorodifluoromethane (R-12) CAS #75-71-8	< 20	1000 ppm	1000 ppm

N.E. means "Not Established"

PHYSICAL DATA:

Appearance:	Liquid and gasses under pressure - frothy liquid upon release from the cylinder
Color:	Dark brown to amber
Odor:	Mild fluorocarbon odor
Boiling Point:	R-12 is present as a liquified gas and at one atmosphere boils at -21.6°F or -30°C.
Vapor Pressure:	Before the addition of nitrogen, the vapor pressure of the mixture is about 2700 mm Hg.
Vapor Density (Air=1):	8.5 (MDI)
Solubility in Water:	Reacts slowly with water to liberate carbon dioxide
Specific Gravity (Water = 1):	1.3
% Volatile by Weight:	Less than 20%

FIRE AND EXPLOSION DATA:

Flash Point:	390°F (199°C) Pensky-Martin Closed Cup for MDI. For R-12 - None.
Extinguishing Media:	Dry chemical, carbon dioxide, high expansion chemical foam, large quantity water spray for large fires.
Special Fire Fighting Procedure/Unusual Fire or Explosion Hazard:	Firefighters should wear self-contained breathing apparatus and protective clothing including rubber coat, boots, gloves, and helmet. During a fire, MDI vapors, fluorocarbon vapors, and other decomposition products that are highly toxic can be generated.  Since the chemical is packaged in pressurized cylinders explosive rupture is possible. Therefore, use cold water to cool fire exposed containers.

# PHYSICAL HAZARDS:

Mixture is shipped in pressurized DOT cylinders. The foam system consists of two cylinders (A and B Components) with a device for mixing the contents of the two cylinders in small increments - thus producing urethane foam. Polymeric isocyanate is stable under normal conditions but can react with water producing carbon dioxide. At elevated temperatures, this reaction can be violent.

Since each cylinder is pressurized, storage temperature above 120°F can cause rupture of a pressure relief device in each cylinder. This storage condition should be avoided.

Conditions or materials to avoid:

Water contamination, open flames, storage temperature above 120°F (49°C) or below 32°F (0°C) should be avoided. Alcohols, water, strong bases and metal compounds are incompatible with "A" component. DO NOT incinerate cylinders.

Hazardous Decomposition Products:

By high heat or fire: Carbon monoxide, oxides of nitrogen, traces of HCN, MDI.

Hazardous Polymerization:

May occur if in contact with moisture or other materials that react with isocyanate. May occur at temperatures over 400°F (204°C).

# HEALTH EFFECTS DATA:

The "A" Component is a mixture of MDI and R-12 which has not been tested for health hazards. It is assumed by OSHA that an untested mixture presents the same health hazards as do the components which are present at a one percent or greater level. Health hazard information for all components is therefore included as part of this MSDS.

Primary adverse health effects are related to the MDI component of the mixture. There is a potential hazard when the "A" Component alone is dispensed from the pressurized cylinder because the volatility of the R-12 component of the mixture can produce localized levels of MDI vapor exceeding the TLV of 0.02 ppm. Adequate ventilation and/or respiratory protection should be employed so that the TLV is not exceeded. A similar situation can occur while foam is dispensed from the unit; however, once the foam cures, the vapor levels are greatly reduced. The potential of exceeding the TLV is directly related to the quantity of foam dispensed as well as the ventilation provided. Small quantities of foam develop considerably less vapor than larger quantities. Spraying foam over a large surface area produces more vapor than spraying into a box or hole.

Avoid smoking, open flames, or the use of electrical equipment which may arc in the vicinity during foaming operations. When fluorocarbons are inhaled through a lighted cigarette, toxic products are generated.

Effects of Overexposure:

- Inhalation: Can lead to irritation of mucous membranes, tightness of chest respiratory tract, coughing, headache, shortness of breath. May lead to an allergic sensitivity in some people with asthma like symptoms. Extensive exposure to concentrations well above the TLV could lead to bronchitis, bronchial spasm and pulmonary edema. These effects are usually reversible.
- High R-12 concentrations greater than the 1000 ppm TLV may cause asphyxiation due to oxygen deprivation. People with cardiac arrhythmia may be at increased risk in severe exposure.
- Skin: Mixture causes localized irritation and discoloration. Prolonged contact could produce reddening, swelling or blistering and in some individuals, sensitization and dermatitis.
- Eyes: Liquid, vapors or aerosol is irritating to the eyes. Corneal damage can occur; however, indications are that damage is reversible.
- Ingestion: Can result in irritation and corrosive action in mouth and digestive tract.

Components of this blend are not classified as carcinogenic by IARC, NTP or OSHA.

EMERGENCY AND FIRST AID PROCEDURES:

- Inhalation: Move to an area free of exposure. Give oxygen or artificial respiration as needed. Obtain medical attention.
- Eye Contact: Flush with water for 15 minutes, occasionally lifting eye lids. Obtain medical attention.
- Skin Contact: Remove contaminated clothing. Wash affected areas thoroughly with soap and water. Wash clothing before reuse.
- Ingestion: DO NOT induce vomiting. Give 1-2 glasses of water or milk to drink. Do not give anything by mouth to an unconscious person. Consult physician.

EMPLOYEE PROTECTION RECOMMENDATION:

Hygiene: Use with adequate ventilation, safety goggles, long sleeve work clothes, chemical resistant rubber or plastic gloves.

If exceeding the TLV for MDI, use a NIOSH/MSHA approved pressure demand air line respirator with full or half facepiece or pressure demand self-contained breathing apparatus. Personnel down wind from spray area should be protected. Observe OSHA regulations for respirator use (29 CFR 1910.134). Safety Showers and eyewash should be available.

Work Practices: Read and understand all directions in Insta-Foam's INFORMATION AND OPERATING INSTRUCTIONS that are provided to each customer.

SPILL OR LEAK PROCEDURES:

Provide ventilation, isolate area. Large spills require the use of self-contained breathing apparatus. The spill should be absorbed with vermiculite, sawdust or Fuller's earth. Pour liquid decontaminate (90% water, 8% concentrated ammonium hydroxide, 2% detergent) on spillage; allow to react at least 10 minutes. Collect in open container or polyethylene sheet and further decontaminate liquid. Remove container to a safe place with loose cover.

WASTE DISPOSAL PROCEDURES:

It is recommended that the entire foam applicator kit be completely used up within 60 days of the first application; however, if this has not been done or there is excess "A" or "B" component to dispose of, then use the following procedure. Also use this procedure for bleeding off remainder of cylinder pressure when the kit is empty.

DO NOT puncture or incinerate tanks. Wear recommended protective gear. Carefully vent tanks as soon as possible to prevent valves from becoming plugged or frozen.

Place the unit so that the valves are on top. Close valves on cylinders. Eject the mixer nozzle for the gun into a suitable waste receptacle and carefully pull the gun trigger until all flow from the hoses has stopped. Hold the gun trigger against the handle (open position) and carefully disconnect the hoses from the cylinder valves. Remove cylinder from the carton individually and perform the following.

Point the valve opening in a safe direction and carefully and slowly open the valve to release all the pressure in the cylinder. If the cylinder contains an appreciable amount of liquid, it will be necessary to place the entire cylinder in a suitable waste receptacle as frothing will occur. Invert cylinders without dip-tubes and drain any residual chemical into the waste receptacle. Absorb any liquid waste in the receptacle with sawdust or vermiculite and pour liquid decontaminate (90% water, 8% concentrated ammonium hydroxide, 2% detergent) onto the "A" component waste. Cover waste receptacles with loose fitting covers. Dispose of the cylinders and any liquid components drained from them in accordance with federal, state and local environmental regulations. The cylinders should not be refilled or used for any other purpose.

SPECIAL PRECAUTIONS AND STORAGE:

Educate and train employees in safe use of product. Read all package directions. Protect cylinders from physical abuse. For longest shelf life, avoid storage above 90°F. Short term storage between 40°F and 60°F will not harm the materials. Ideal storage is 60°F to 90°F. Storage at less than 40°F may cause liquids in the cylinder to separate thereby producing lower quality foam.

## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911 PLUS

## SECTION I - IDENTIFICATION

COMPANY NAME & ADDRESS....Manufactured for:  
ABATIX ENVIRONMENTAL CORPORATION  
8311 Eastpoint Drive #400  
Dallas, Texas 75227  
PHONE NUMBER.....(800) 426-3983  
EMERGENCY PHONE NUMBER....(800) 424-9300 (CHEMTREC)  
EFFECTIVE DATE.....11/26/90  
REVISED DATE.....11-23-92  
TRADE NAME.....ENVIROSAFE 911 PLUS  
CHEMICAL FAMILY.....Hydrocarbon mixture  
CHEMICAL FORMULA.....C10 - C12 Base

## SECTION II - HAZARDOUS INGREDIENTS

HAZARDOUS COMPONENTS	HAZARDOUS % (PROPRIETARY)	TLV (Units)	PROD. CAS #
Distillate Naphtha (140 Flash)**	75%	100ppm	64742-88-7
Ethylene Glycol Monobutyl Ether*	15%	25ppm-skin PEL/TLV	111-76-2

Refer to FOOT NOTES/last page

## SECTION III - PHYSICAL DATA

BOILING POINT (F).....360oF  
FREEZING POINT (F).....N/A  
PERCENT VOLATILES.....96%  
MELTING POINT (F).....N/A  
VAPOR PRESSURE.....N/A  
VAPOR DENSITY (Air=1).....1  
SOLUBILITY IN H2O.....Emulsifiable  
APPEARANCE/ODOR.....Colorless liquid; pineapple odor  
SPECIFIC GRAVITY (H2O=1)..0.8002  
EVAPORATION RATE.....0.013  
PH.....Neutral

## SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT.....147oF



## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911 PLUS

LOWER FLAME LIMIT.....1.0  
HIGHER FLAME LIMIT.....N/A  
EXTINGUISH MEDIA.....Use proper media to primary cause of fire. Use water fog, dry chemical, CO2, or mechanical foam. Water spray may scatter fire.  
FLASH FIRE.....Evacuate area of unprotected personnel. Wear protective clothing. Wear NIOSH-Approved self-contained breathing apparatus.  
UNUSUAL FIRE HAZARD.....A vapor accumulated would flash and/or explode if ignited. The closed cup flash is 145°F.

## SECTION V - HEALTH HAZARD DATA

TOXICITY DATA.....CARCINOGENICITY POTENTIAL: None

Petroleum Naphtha (140 flash): N/A

Ethylene Glycol Monobutyl Ether: Oral LD50 - 470mg/kg (rat) Dermal LD50 - 220mg/kg (rabbit)  
LC50 - 700ppm/7H (rat)

OTHER EXPOSURE EFFECTS.....EYE: May cause mild irritation. SKIN: May cause mild skin irritation. Prolonged and repeated contact with skin may cause defatting and drying of the skin resulting in dermatitis. INGESTION: Irritation of mucous membranes of the mouth, throat, esophagus and stomach. May result in nausea or vomiting. May cause diarrhea or dizziness. INHALATION: May cause upper respiratory tract irritation.

FIRST AID PROCEDURES.....EYE CONTACT: Flush immediately with plenty of water for at least 15 minutes. If irritation persists, call a physician.

SKIN CONTACT: Wash with plenty of water.

IF INHALED: Remove to fresh air.

IF INGESTED: DO NOT INDUCE VOMITING. Give several glasses of water to dilute stomach contents.

NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

## SECTION VI - REACTIVITY DATA

CHEMICAL STABILITY.....Stable  
CONDITIONS TO AVOID.....Avoid open flames  
INCOMPATIBLE MATERIALS....Strong oxidizing agents

## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911 PLUS

COMPOSITION PRODUCTS....Carbon monoxide if burned in insufficient air  
HAZARDOUS POLYMERIZATION..Will not occur  
POLYMERIZATION AVOID.....N/A

## SECTION VII - SPILL OR LEAK PROCEDURE

IF SPILL .....Observe all government regulations. Contain spill,  
place into drums for proper disposal. Maintain proper  
ventilation. Avoid direct discharge into sewers or  
fresh waters. Notify authorities if entry into sewers  
or fresh water occurs.  
WASTE DISPOSAL METHOD.....Observe all Local, State, and Federal Regulations.  
Dispose of at approved Landfill Site or Waste  
Treatment Facility.

## SECTION VIII - SPECIAL PROTECTION

RESPIRATORY PROTECTION....Wear supplied air or self-contained respiratory  
protection for high levels of vapor concentration.  
VENTILATION.....Local mechanical exhaust to a fire safe area. Care  
should be taken to prevent fumes from entering  
occupied areas.  
PROTECTIVE GLOVES.....Rubber  
EYE PROTECTION.....Chemical safety goggles  
OTHER PROTECTIVE EQUIP....Eye-wash station, safety shower, chemically resistant  
apron  
HANDLING AND STORAGE.....Store in a cool, well-ventilated area away from all  
sources of ignition.

## SECTION IX - SPECIAL PRECAUTIONS

HAZARD CLASS.....Combustible liquid  
DOT SHIPPING NAME.....Petroleum Naphtha  
REPORTABLE QUANTITY (RQ)..6#  
HIN NUMBER.....1255  
NA NUMBER.....N/A  
PACKAGING SIZE.....55-GAL

=====

## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911

## SECTION I - IDENTIFICATION

COMPANY NAME & ADDRESS....Manufactured for:  
ABATIX ENVIRONMENTAL CORPORATION  
8311 Eastpoint Drive #400  
Dallas, Texas 75227  
PHONE NUMBER.....(800) 426-3983  
EMERGENCY PHONE NUMBER....(800) 424-9300 (CHEMTREC)  
EFFECTIVE DATE.....11/26/90  
REVISED DATE.....01/29/92  
TRADE NAME.....ENVIROSAFE 911  
CHEMICAL FAMILY.....Hydrocarbon mixture  
CHEMICAL FORMULA.....C10 - C12 Base

## SECTION II - HAZARDOUS INGREDIENTS

HAZARDOUS COMPONENTS	HAZARDOUS % (PROPRIETARY)	TLV (Units)	PROD. CAS #
Petroleum Naphtha (140 Flash)**	89%	100ppm	64742-88-7
Ethylene Glycol Monobutyl Ether*	5%	25ppm-skin PEL/TLV	111-76-2

Refer to FOOT NOTES/last page

## SECTION III - PHYSICAL DATA

BOILING POINT (F).....380oF  
FREEZING POINT (F).....N/A  
PERCENT VOLATILES.....97%  
MELTING POINT (F).....N/A  
VAPOR PRESSURE.....N/A  
VAPOR DENSITY (Air=1).....1  
SOLUBILITY IN H2O.....Emulsifiable  
APPEARANCE/ODOR.....Red liquid; Slight odor  
SPECIFIC GRAVITY (H2O=1)..0.786  
EVAPORATION RATE.....0.12  
pH.....Neutral

## SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT.....145oF

## MATERIAL SAFETY DATA SHEET

ENVIROSAFE 911

LOWER FLAME LIMIT.....0.0  
UPPER FLAME LIMIT.....6.0  
X. EXTINGUISH MEDIA.....Use proper media to primary cause of fire. Use water fog, dry chemical, CO2, or mechanical foam. Water spray may scatter fire.  
C. FIRE.....Evacuate area of unprotected personnel. Wear protective clothing. Wear NIOSH-Approved self-contained breathing apparatus.  
N. SPECIAL FIRE HAZARD.....A vapor accumulated would flash and/or explode if ignited. The closed cup flash is 145°F.

## SECTION V - HEALTH HAZARD DATA

TOXICITY DATA.....CARCINOGENICITY POTENTIAL: None

Petroleum Naphtha (140 flash): N/A

Ethylene Glycol Monobutyl Ether: Oral LD50 -  
470mg/kg (rat) Dermal LD50 - 220mg/kg (rabbit)  
LC50 - 700ppm/7H (rat)

OVER EXPOSURE EFFECTS.....EYE: May cause mild irritation. SKIN: May cause mild skin irritation. Prolonged and repeated contact with skin may cause defatting and drying of the skin resulting in dermatitis. INGESTION: Irritation of mucous membranes of the mouth, throat, esophagus and stomach. May result in nausea or vomiting. May cause diarrhea or dizziness. INHALATION: May cause upper respiratory tract irritation.  
FIRST AID PROCEDURES.....EYE CONTACT: Flush immediately with plenty of water for at least 15 minutes. If irritation persists, call a physician.  
SKIN CONTACT: Wash with plenty of water.  
IF INHALED: Remove to fresh air.  
IF INGESTED: DO NOT INDUCE VOMITING. Give several glasses of water to dilute stomach contents.  
NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

## SECTION VI - REACTIVITY DATA

CHEMICAL STABILITY.....Stable  
CONDITIONS TO AVOID.....Avoid open flames  
INCOMPATIBLE MATERIALS.....Strong oxidizing agents

## MATERIAL SAFETY DATA SHEET

ENVIROSAFE 911

DECOMPOSITION PRODUCTS....Carbon monoxide if burned in insufficient air  
HAZARDOUS POLYMERIZATION..Will not occur  
POLYMERIZATION AVOID.....N/A

## SECTION VII - SPILL OR LEAK PROCEDURE

SPILL .....Observe all government regulations. Contain spill,  
place into drums for proper disposal. Maintain proper  
ventilation. Avoid direct discharge into sewers or  
fresh waters.  
SAFE DISPOSAL METHOD.....Observe all Local, State, and Federal Regulations.  
Dispose of at approved Landfill Site or Waste  
Treatment Facility.

## SECTION VIII - SPECIAL PROTECTION

RESPIRATORY PROTECTION....Wear supplied air or self-contained respiratory  
protection for high levels of vapor concentration.  
VENTILATION.....Local mechanical exhaust to a fire safe area  
PROTECTIVE GLOVES.....Rubber  
EYE PROTECTION.....Chemical safety goggles  
OTHER PROTECTIVE EQUIP....Eye-wash station, safety shower, chemically resistant  
apron  
HANDLING AND STORAGE.....Store in a cool, well-ventilated area away from all  
sources of ignition.

## SECTION IX - SPECIAL PRECAUTIONS

Hazard Class.....Combustible liquid  
DOT SHIPPING NAME.....Petroleum Naphtha  
REPORTABLE QUANTITY (RQ)..N/A  
UN NUMBER.....1255  
NA NUMBER.....N/A  
PACKAGING SIZE.....55-GAL

=====

## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911

NOTES HMIS HEALTH: 1  
HMIS FLAMMABILITY: 2  
HMIS REACTIVITY: 0

Tests on EnviroSAFE 911 and EnviroSAFE 911 Plus show that they have flash points of 145 and 147 degrees F, respectively, thereby confirming that under 49 CFR 261.20 and 261.00 APP VIII, 911 and 911 Plus do not fall into the Hazardous Waste Category. It must be noted that under 49 CFR 261.11 (revised July 1, 1989), 911 and 911 Plus do exceed limits of LD50 Toxicity (rat) of less than 500 milligrams per kilogram, and LC50 Toxicity (rat) of less than 2 milligrams per liter.

SS261.22 - 911 and 911 Plus - Non-Corrosive

SS261.23 - 911 and 911 Plus - Non-Reactive

SS261.24 - 911 and 911 Plus - Non-EP Toxicity.

It must be made clear that we have no control over end waste generated when removing asbestos tiles and mastics, but as is, in its virgin form, this product does not fall under Hazardous Waste criteria.

\* Proprietary mixture containing no hazardous ingredients as defined by OSHA "Hazard Communication" 29CFR 1910.1200 except that material is a skin irritant due to its defatting properties and an eye irritant. Not considered a carcinogen by IARC or NTP.

\* Listed under Section 313 of the Emergency & Planning and Community Right-to-know Act (Title III of the Superfund Amendments and Authorization Act of 1986, Public Law 99-499) but not on the Hazardous Materials Table of the 49 CFR 171.101.

While this company believes that the data contained herein are factual and the opinions expressed are based on tests and data believed to be reliable, it is the user's responsibility to determine the safety, toxicity and suitability for his own use of the product described herein. Since the actual use by others is beyond our control, no guarantee, expressed or implied, is made by this company as to the effects of such use, the results to be obtained, or the safety and toxicity of the product, nor does this company assume any liability arising out of use, by others, of the product referred to herein. Nor is the information herein to be construed as absolutely complete since additional information may be necessary or desirable when particular or exceptional conditions or circumstances exist or because of applicable laws or governmental regulations.

DI DIMER

# Material Safety Data Sheet

This MSDS complies with OSHA's Hazard Communication Standard 29 CFR 1910.1200 and OSHA FORM 174.

MANUFACTURER'S NAME

AMREP, INC.

**ADDRESS**

990 Industrial Park Drive

Marietta, Georgia 30062

Phone Number (For Information)

(404) 422-2071

Emergency Phone Number

(404) 422-2071

DOT HAZARD CLASSIFICATION:

ORM-D

Identity (Trade Name As Used On Label)

HEAVY DUTY ADHESIVE

**HQS Number**

315 - 1

EMERGENCY RESPONSE NUMBER: 800-255-3924

**Date Prepared**

2/14/92

Prepared by:

-  
SIN

**NOTICE: JUDGEMENT BASED ON INDIRECT TEST DATA**

## SECTION 1 - MATERIAL IDENTIFICATION AND INFORMATION

[illegible]

## SECTION 2 - PHYSICAL / CHEMICAL CHARACTERISTICS

Boiling Point	NA	Specific Gravity (H <sub>2</sub> O = 1). Concentrate Only =	0.853
Vapor Pressure @ 70°F (Aerosols)	80	Vapor Pressure (Non-Aerosols) (mm Hg and Temperature)	NA
Vapor Density (Air = 1)	NE	Evaporation Rate _____ %	
Solubility in Water	Partial	Water Reactive	
Appearance and Odor	Straw colored liquid, ketone solvent odor.		

### SECTION 3 - FIRE AND EXPLOSION HAZARD DATA

FLAMMABILITY as per U.S. FLAME PROJECTION TEST (ASTM D569) EX. REF. FLAMMABLE	Auto-Ignition Temperature NE	Flammability Limits in Air % by Volume	LEL NE	UEL NE
Filling Point and Method Used (Non-Aerosols) NA				
Extinguishing Media Foam, dry chemical, carbon dioxide, water				
Special Fire Fighting Procedures Use water fog to cool containers to prevent rupturing and exploding containers. Provide shielding for personnel. Wear self-contained breathing apparatus.				
Unusual Fire and Explosion Hazards Do not expose aerosols to temperatures above 130° F or the container may rupture.				

Chemical Listed  
as Carcinogen or  
Potential Carcin.

**UNITED**

☐ IAC Monograph**60184**

☐ Other \_\_\_\_\_

## 21. Against

DATE 9/15/78

Post-It® brand fax transmission memo 7671

9/10000

From

We believe the statements, technical information and recommendations contained herein are reliable, but they are given without warranty or guarantee of any kind, express or implied.

## SECTION 4 - REACTIVITY HAZARD DATA

315

<b>STABILITY</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable	<b>Conditions To Avoid</b> Open flame, welding arcs, heat, sparks
<b>Compatibility</b> (Hazardous to Avoid) Strong oxidizing agents	
<b>Decomposition Products</b> Carbon dioxide, carbon monoxide	
<b>HAZARDOUS POLYMERIZATION</b> <input type="checkbox"/> May occur <input checked="" type="checkbox"/> Will Not Occur	<b>Conditions To Avoid</b> None Known

## SECTION 5 - HEALTH HAZARD DATA

**PRIMARY ROUTES OF ENTRY** ☒ Inhalation ☐ Ingestion ☐ Not Hazardous  
☒ Skin Absorption ☐ Eye

### ACUTE EFFECTS

**Inhalation** Excessive inhalation of vapors can cause nasal and respiratory irritation, dizziness, weakness, nausea, headache, possible unconsciousness or asphyxiation.

**Eye Contact** Irritation

**Skin Contact** Irritation due to defatting of skin.

**Ingestion** Possible chemical pneumonia if aspirated into lungs.

**CHRONIC EFFECTS** (Effects due to excessive exposure to the raw materials of this mixture)  
Excessive inhalation of hexane may cause nerve damage

**Medical Conditions Generally Aggravated by Exposure** May aggravate existing eye, skin, or upper respiratory conditions.

### EMERGENCY FIRST AID PROCEDURES -

**Eye Contact** Flush with water for 15 minutes. If irritated, see physician.

**Skin Contact** Wash with soap and water. If irritated, see physician.

**Inhalation** Remove to fresh air. Resuscitate if necessary. Get medical aid.

**Ingestion** Do not induce vomiting. Call physician immediately.

## SECTION 6 - CONTROL AND PROTECTIVE MEASURES

**Respiratory Protection (Specify Type)** If vapor conc. exceeds TLV, use respirator approved by NIOSH approved for organic vapor.

**Protective Gloves** Neoprene **Eye Protection** Safety glasses recommended

**VENTILATION REQUIREMENTS** Adequate ventilation to keep vapor concentration below TLV.

**Other Protective Clothing and Equipment** None

**Hygienic Work Practices** Wash with soap and water before handling food. Remove contaminated clothing.

## SECTION 7 - PRECAUTIONS FOR SAFE HANDLING AND USE / LEAK PROCEDURES

**Steps to be Taken if Material is Spilled or Released** Absorb with suitable medium. Incinerate or landfill according to local, state, or federal regulations. Do not flush to sewer.

**Waste Disposal Methods** Aerosol cans when vented to atmospheric pressure through normal use, pose no disposal hazard.

**Precautions to be Taken in Handling and Storage** Do not puncture or incinerate containers. Do not store at temperatures above 130°F.

**Other Precautions and / or Special Hazards**  
Avoid food contamination. KEEP OUT OF REACH OF CHILDREN.  
Remove ignition sources. Avoid breathing vapors.

We believe the statements, technical information and recommendations contained herein are reliable, but they are given without warranty or guarantee of any kind, express or implied.



**U.S. DEPARTMENT OF LABOR**  
**WAGE AND LABOR STANDARDS ADMINISTRATION**  
 Bureau of Labor Standards

Filed 9/6/88

# MATERIAL SAFETY DATA SHEET

## SECTION I

<b>MANUFACTURER'S NAME</b> ABATEMENT TECHNOLOGIES, INC.		<b>EMERGENCY TELEPHONE NO.</b> (404) 925-2761
<b>ADDRESS (Number, Street, City, State, and ZIP Code)</b> 3305 Breckinridge Blvd., Suite 118 Duluth, GA 30136		
<b>CHEMICAL NAME AND SYNONYMS</b>		<b>TRADE NAME AND SYNONYMS</b> Spray Adhesive
<b>CHEMICAL FAMILY</b> Aerosol Adhesive Spray, AS100	<b>FORMULA</b> Mixed Chemicals	

## SECTION II HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS			BASE METAL		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR COM FLUX		
ADDITIVES			OTHERS		
Resins	0.2	1000			
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES	%	TLV (Units)
1,1,1 - Trichloroethane	25	350
Acetone	15	1000
Toluene	15	200

## SECTION III PHYSICAL DATA

<b>BOILING POINT (°F)</b>		<b>SPECIFIC GRAVITY (H<sub>2</sub>O=1)</b>	+1
<b>VAPOR PRESSURE (mm Hg.)</b>	PSIG 70	<b>PERCENT VOLATILE BY VOLUME (%)</b>	98
<b>VAPOR DENSITY (AIR=1)</b>		<b>EVAPORATION RATE (ether=1)</b>	+1
<b>SOLUBILITY IN WATER</b>	No		
<b>APPEARANCE AND ODOR</b>			

## SECTION IV FIRE AND EXPLOSION HAZARD DATA

<b>FLASH POINT (Method used)</b>	<b>FLAMMABLE LIMITS</b>	<b>LoL</b>	<b>UpL</b>
<b>EXTINGUISHING MEDIA</b> Foam, CO <sub>2</sub> , Dry Chemicals, water fog			
<b>SPECIAL FIRE FIGHTING PROCEDURES</b>			
<b>UNUSUAL FIRE AND EXPLOSION HAZARDS</b> Contents under pressure - Do not expose to temperatures greater than 120°F.			

**EFFECTS OF OVEREXPOSURE**  
**High concentration - signs of anesthesia**

**EMERGENCY AND FIRST AID PROCEDURES**

**In eyes flush with large amounts of water. If large amounts are swallowed call a physician. Excessive inhalation move to fresh air.**

**SECTION VI REACTIVITY DATA**

STABILITY	UNSTABLE		CONDITIONS TO AVOID Open flames-can cause thermal decomposition with the evolution of hydrogen chloride, CO <sub>2</sub> and trace amounts of chlorine.
	STABLE	X	

**INCOMPATIBILITY (Materials to avoid)**

**HAZARDOUS DECOMPOSITION PRODUCTS**

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

**SECTION VII SPILL OR LEAK PROCEDURES**

**STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED**

**Wipe, mop or soak up.**

**BEST DISPOSAL METHOD**

**Bury Container**

**SECTION VIII SPECIAL PROTECTION INFORMATION**

**RESPIRATORY PROTECTION (Specify type)**

VENTILATION	LOCAL EXHAUST maintain TLV	SPECIAL OTHER
	MECHANICAL (General) Maintain TLV	
PROTECTIVE GLOVES		EYE PROTECTION glasses or goggles
OTHER PROTECTIVE EQUIPMENT		

**SECTION IX SPECIAL PRECAUTIONS**

**PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING**

**Keep out of reach of children. Do not spray towards face or eyes.**

**Do not puncture or incinerate container.**

**OTHER PRECAUTIONS**

JUN 16 1986

DATE OF PREPARATION December 18, 1985

Information contained herein is based on data available to us and is believed to be correct. Since this information may have been obtained in part from independent laboratories or other sources not under our direct supervision, no representation is made that the information is accurate, reliable, complete or representative and Buyer may rely thereon only at Buyer's risk. We make no guarantee that the health and safety precautions we have suggested will be adequate for all individuals and/or situations involving its handling and use. No warranty is expressed or implied regarding the accuracy of these data or the results to be obtained from the use thereof.

Vendor assumes no responsibility for injury to vendee or third person proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet.

## Section I

**MANUFACTURER'S NAME**

H.B. Fuller Company

**STREET ADDRESS**

1200 Wolters Boulevard

**CITY, STATE, AND ZIP CODE**

Vadnais Heights, Minnesota 55110

**EMERGENCY TELEPHONE NO.**

612-481-3300

**PRODUCT CLASS** Coating

**MANUFACTURER'S CODE IDENTIFICATION**

32-32

**TRADE NAME** Bridging Encapsulant

**DOT PROPER SHIPPING NAME** Not a regulated material.

## Section II - HAZARDOUS INGREDIENTS

INGREDIENT/CAS NUMBER	PERCENTAGE RANGE	OSHA PEL	ACGIH TLV	LEL	VAPOR PRESSURE mm Hg. 20°C
Chlorinated paraffin (63449-39-8)	1 - 10	NE	NE	--	--

NA - NOT APPLICABLE

## Section III - PHYSICAL DATA

NE - NOT ESTABLISHED

BOILING RANGE >200°F	pH 8.0	PERCENT VOLATILE BY WEIGHT 37	WEIGHT PER GALLON 11.4 lbs.
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## Section IV - FIRE AND EXPLOSION HAZARD DATA

**FLASH POINT**

NA

**EXTINGUISHING MEDIA**

Liquid material - non-flammable. Use water spray, foam, dry chemical or carbon dioxide on dried product.

**UNUSUAL FIRE AND EXPLOSION HAZARDS**

There is the possibility of pressure build-up in closed containers when heated. Water spray may be used to cool the containers.

**SPECIAL FIRE FIGHTING PROCEDURES**

Persons exposed to products of combustion should wear self-contained breathing apparatus and full protective equipment.

## MATERIAL SAFETY DATA SHEET

## ENVIROSAFE 911 PLUS

10 NOTES HMIS HEALTH: 1  
HMIS FLAMMABILITY: 2  
HMIS REACTIVITY: 0

\*\* Not listed under Section 313 of the Emergency Planning & Community Right-to-know Act (Title III of the Superfund Amendments & Authorization Act of 1986, Public Law 99-499), but is listed on the Hazardous Materials Table of 49CFR 72.101.

\* Listed under Section 313 of the Emergency & Planning and Community Right-to-know Act (Title III of the Superfund Amendments and Authorization Act of 1986, Public Law 99-499) but not on the Hazardous Materials Table of the 49 CFR 72.101.

Tests on EnviroSAFE 911 and EnviroSAFE 911 Plus show that they have flash points of 145 and 147 degrees F, respectively, thereby confirming that under 49 CFR 261.20 and 261.00 APP VIII, 911 and 911 Plus do not fall into the Hazardous Waste Category. It must be noted that under 49 CFR 261.11 (revised July 1, 1979), 911 and 911 Plus do exceed limits of LD50 Toxicity (rat) of less than 500 milligrams per kilogram, and LC50 Toxicity (rat) of less than 2 milligrams per liter.

SS261.22 - 911 and 911 Plus - Non-Corrosive

SS261.23 - 911 and 911 Plus - Non-Reactive

SS261.24 - 911 and 911 Plus - Non-EP Toxicity.

It must be made clear that we have no control over end waste generated when removing asbestos tiles and mastics, but as is, in its virgin form, this product does not fall under Hazardous Waste criteria.

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# **Worker Training Documentation**

# Certificate of Attendance

CERTIFICATE NUMBER

9069

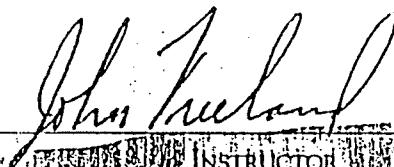
Eco)logics Lehr

Environmental Services  
and Training Institute

This is to Certify that  
**HECTOR COTA CASTRO SS# 522-95-7654**

Has Completed the Course of  
**AHERA ASBESTOS ABATEMENT WORKER 32 HR. COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP, in accordance with 59 FR5236 effective April 1994



JOHN VREELAND

INSTRUCTOR

July 26, 1996

COMPLETION DATE



ARMANDO DUCOIN

DIRECTOR

July 26, 1997

CERTIFICATE EXPIRES

E072396AWC

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

# Certificate of Attendance

CERTIFICATE NUMBER

**9379**

Eco)logics Lehr

Environmental Services  
and Training Institute

*This is to Certify that*

**HECTOR COTA C. SS # 522-95-7654**

*Has Completed the Course of*

**LEAD BASED PAINT ABATEMENT WORKER 8 HR. REFRESHER COURSE**

EPA/HUD Approved under 29 CFR 1910.1025 and title X LBP.P.A. Not a California DHS Accredited.

GUSTAVO OLIVAR

INSTRUCTOR

ARMANDO DUCOING

DIRECTOR

**September 01, 1996**

COMPLETION DATE

**E090196LWR**

CLASS NUMBER

**September 01, 1997**

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

PH: (714) 528-0000 FAX: (714) 524-2471



## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente, estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con quitar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y se y he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a: QUE ASBESTOS PUEDE CAUSAR "ASBESTOSIS" Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.

2. Yo he recibido instrucciones y entrenamiento en metodos en remover asbestos. Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso resprador, uso de ropa protectiva, procedimientos de decontaminacion, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.

3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APARESCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.

4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, asi sea por negligencia mia o mis companeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Codiga Civil seccion 1668. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro. Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.

5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.

6. Yo acepto que no he sido desabilitado, descansado, o compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.

7. Yo acepto que no tengo pre-existentes condiciones que me exclullan de realizar el trabajo requiendo.

Nombre: HECTOR COTA G.

Fecha: 07/29/96

Firma: [Firma]

Numero del Seguro Social: 522 95 7654

CST Employee Firma: [Firma]

# CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: Hechar agua contra

Fecha de la Prueba: 29/07/96

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

☒ Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

☐ MSA Powered Air Purifying Respirator Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

☒ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba: Hechar agua contra

Test Conductor: Paul Z Ambrosio



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify

CASTRO, HECTOR C.  
CST ENVIRONMENTAL

M	in	Date of Exam
on		Supervisor

**EXAMINEE'S NAME**

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_  
Specify

☐ Not to work at a specific job or area

☐ Can not perform marginal functions

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

7-31-96

EXAMINER

*[Signature]*

Signature

M.D.

GM088901

# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

HECTOR COTA CASTRO

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

7/30/96  
DATE OF EXAMINATION

Greaney Med. Group  
NAME OF EXAMINING DOCTOR (PRINT)

[Signature]  
EMPLOYEE SIGNATURE

[Signature]  
SIGNATURE OF EXAMINING DOCTOR

GERTRUDE 2021  
ADDRESS

SAN ANA CAL.  
ADDRESS

# Certificate of Attendance

CERTIFICATE NUMBER

**9112**

Eco)logics Lehr

Environmental Services  
and Training Institute

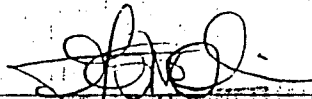
*This is to Certify that*

**SPASOJE DOBRIC SS# 152-76-9968**

*Has Completed the Course of*

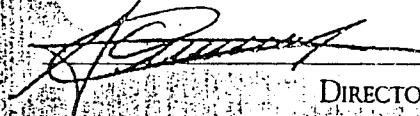
**AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



INSTRUCTOR

GUSTAVO OLIVAR



DIRECTOR

ARMANDO DUCOING

July 29, 1996

COMPLETION DATE

E072996CSR

CLASS NUMBER

July 29, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

# CST ENVIRONMENTAL, INC.

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.**

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: SPASOJE DOBRIC

Date: 09-18-96

Signature: [Signature]

SS Number: 152-76-9968

CST Employee Signature: [Signature]

forms:worker.ack

RESPIRATOR FIT TEST RECORD

Name: SPASOTE DOBRIC

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: Spasote Dobric

Test Conductor: [Signature]

Date of test: 9-18-96



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

DOBRIĆ, SPASOJE  
CST ENVIRONMENTAL  
7924 LA HABRA CIR,  
BUENA PARK CA 90620-

Position	Date of Exam
Location	Supervisor
Social Security No. _____	

**EXAMINEE'S NAME** \_\_\_\_\_

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Must wear corrective lenses
  - ☐ Work sitting only
  - ☐ Day work only (no shift work)
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No overtime
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No repeated bending
  - ☐ No work in confined spaces
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Not to work at a specific job or area \_\_\_\_\_
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor
  - ☐ Can not perform marginal functions ☐ Passenger Vehicle ☐ Truck
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-13-96

EXAMINER

Signature

M.D.

GM088901



MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

SPASOFE DOBRIC

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

09-20-1996

DATE OF EXAMINATION

Greens Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Spasof Dobric

SIGNATURE

Leon H. H. H.

SIGNATURE OF EXAMINING DOCTOR

7724 LA HABRA CIR. BUENA PARK

ADDRESS

CA 90620

# Certificate of Attendance

CERTIFICATE NUMBER

6644

EcoLogics Lehr

Environmental Services  
and Training Institute

This is to Certify that

ANGEL ENRIQUEZ SS # 611-34-8597

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER REFRESHER 8 HR. COURSE

For purposes of accreditation, this course is to be given to workers who are currently active in the asbestos abatement industry as of April 1984.

*Gustavo Olivares*

GUSTAVO OLIVARES

*A. Armando Duccoing*

ARMANDO DUCOING

September 10, 1995

September 30, 1996

E093095AWR

COMPLETION DATE

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 600  
ANAHEIM, CALIFORNIA 92807

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

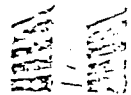
In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and that I have been advised of and I understand the dangers inherent in handling asbestos and breathing it but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the Owner, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be invalid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Angel Enriquez Date: 6/17/96

Signature: Angel Enriquez SS Number: 611-34-8597

CST Employee Signature: [Signature]



CST ENVIRONMENTAL, INC

Contract:  
OOSH #17  
2100 East Via Union Street  
Anaheim, CA 92806  
TEL 714/991-8300 FAX 714/991-8225

## RESPIRATOR FIT TEST RECORD

Test Subject: Angel Enriquez

Date of test: 6/17/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Angel Enriquez

Test Conductor: [Signature]

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford

1245



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

ENRIQUEZ, ANGEL 09/22/95  
SSN: 611-34-8597 DOB: 01/17/69  
EMP: CST ENVIRONMENTAL  
SRV: PD  
25-09-22-99

Position	
Location	
Social Security	

EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor  
☐ Passenger Vehicle ☐ Truck
  - ☐ Can not perform marginal functions
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9.22.95

EXAMINER

*[Signature]*  
Signature

M.D

GM088901

**MEDICAL EXAMINER'S CERTIFICATE**

*I certify that I have examined*

Angel Enriquez  
NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9/8/95  
DATE OF EXAMINATION

Greenway Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

SIGNATURE

SIGNATURE OF EXAMINING DOCTOR

204 W. 1st St  
ADDRESS

Los Angeles CA 90010

# Certificate of Attendance

CERTIFICATE NUMBER

**9111**

Eco)logics Lehr

Environmental Services  
and Training Institute

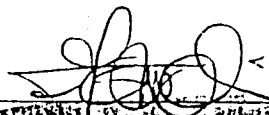
*This is to Certify that*

**BOZENA GAJCZAK SS# 079-76-8475**

*Has Completed the Course of*

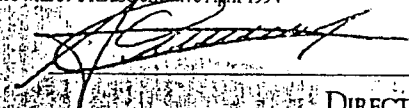
**AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



INSTRUCTOR

GUSTAVO OLIVAR



DIRECTOR

ARMANDO DUCOING

July 29, 1996

COMPLETION DATE

**E072996CSR**

CLASS NUMBER

July 29, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I** covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: GAJCZAK BOZENA

Date: 09-18-1996

Signature: Gajczak Bozena

SS Number: 019-76-8975

CST Employee Signature: [Signature]

forms:worker.ack



RESPIRATOR FIT TEST RECORD

Name: BOZENA GAJCZAK

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: Bozena Gajczak

Test Conductor: [Signature]

Date of test: 9/18/94

forms:fittest



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

GREANEY MEDICAL GROUP

OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH

GAJCZAK, BOZENA

SSN: 079-76-8475

EMP: CST ENVIRONMENTAL

SRV: PD ASBESTOS

☐ Post-Offer Placement

☐ Special Occupational

☐ Routine Periodic

☐ Other \_\_\_\_\_

Specify

09/20/96

DOB: 01/21/57

26-09-20-54

Position

Date of Exam

Location

Supervisor

EXAMINEE'S NAME

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area \_\_\_\_\_

Specify

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Can not perform marginal functions

☐ Passenger Vehicle ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9/20/96

EXAMINER

*[Signature]*

Signature

M.D

GM088901

**MEDICAL EXAMINER'S CERTIFICATE**

*I certify that I have examined*

BOZENA GAJCZAK

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

09-20-96

DATE OF EXAMINATION

Greiner Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Gajczak Bozena

SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

7924 LA HABRA CIR. BUENA PARK

ADDRESS

90620

THIS CERTIFIES THAT

**Jacek Bajczak**

056-82-8077

CERTIFICATE # 211

SUCCESSFULLY COMPLETED  
All course work and a written examination  
AHERA CERTIFIED

**ASBESTOS WORKER TRAINING**  
**ONE DAY RECERTIFICATION COURSE**

ON

September 17, 1996

THIS CERTIFICATE EXPIRES September 17, 1997

DNA Industrial Hygiene, Inc.  
15342 Hawthorne Blvd, Ste 207  
Lawndale, California 90260  
310/844-1924 EXT 243

DAN NAPIER, MS, CIH, CSP

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I** covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

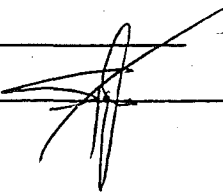
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: GAJCZAK JACEK

Date: 09-18-1996

Signature: Gajczak Jacek

SS Number: 056-82-8077

CST Employee Signature: 

forms:worker.ack

# CST ENVIRONMENTAL, INC

## RESPIRATOR FIT TEST RECORD

Name: Jack Gajrak

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: Jack Gajrak

Test Conductor: [Signature]

Date of test: 9-18-96

forms:fittest



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

GAJCZAK, JACEK  
SSN: 056-82-8077  
EMP: CST ENVIRONMENTAL  
SRV: PO ASBESTOS

DOB: 09/20/96  
DOB: 09/04/76

Position

Date of Exam

Location

Supervisor

EXAMINEE'S NAME

26-09-20-69

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_

☐ Not to work at a specific job or area

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ -Can not perform marginal functions

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-23-96

EXAMINER

Signature

M.D.

GM088901

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined

JACEK GAJCZAK

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9.20.96

DATE OF EXAMINATION

Greapey Med Group

NAME OF EXAMINING DOCTOR (PRINT)

Jacek Gajczak

SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

7924 LA. HABRA CIR. BUENA PARK

ADDRESS

90620



# Certificate of Attendance

CERTIFICATE NUMBER

8404

Eco)logics Lehr

Environmental Services  
and Training Institute

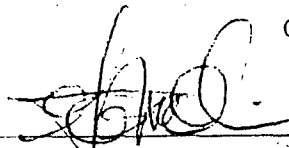
*This is to Certify that*

FIDEL GARCIA T. SS # 613-18-2818

*Has Completed the Course of*

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

INSTRUCTOR

June 22, 1996

COMPLETION DATE

E062296CSR

CLASS NUMBER



ARMANDO DUCOING

DIRECTOR

June 22, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

TEL. (714) 528-0000 FAX (714) 524-2471

# Certificate of Attendance

CERTIFICATE NUMBER

**9382**

Eco)logics Lehr

Environmental Services  
and Training Institute

*This is to Certify that*

**FIDEL GARCIA T. SS # 613-18-2818**

*Has Completed the Course of*

**LEAD BASED PAINT ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER**

EPA/HUD Approved under 29 CFR 1910.1025 and title XL.B.P.P.A. Not a California DHS Accredited.

  
INSTRUCTOR

GUSTAVO OLIVAR

  
DIRECTOR

ARMANDO DUCOING

**September 01, 1996**

COMPLETION DATE

**E090196LCSR**

CLASS NUMBER

**September 01, 1997**

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente, estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con limpiar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y se y he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a QUE ASBESTOS PUEDE CAUSAR ASBESTOSIS Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he tenido instrucciones y entrenamiento en metodos en remover asbestos. Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de descontaminacion, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APARESCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesore los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis compeneros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Codiga Civil seccion 1663. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro. Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desahilitado, descansado, ó compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me exiullan de realizar el trabajo requerido.

Nombre: Fidel Garcia

Fecha: 5-30-96

Firma: [Signature]

Numero del Seguro Social: 613-18-2818

CST Employee Firma: [Signature]

## CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: Fidel Garcia

Fecha de la Prueba: 5-31-96

Clase de Humo Usado: Humo Irritante

Respirator Selected. (Circle size of selection)

X Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

       3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

       3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

       MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

X RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba: [Signature]

Test Conductor: [Signature]

1071



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

GARCIA, FIDEL

SSN: 613-10-2010

DOB: 04/29/96  
DOB: 03/23/62

EMP: CST ENVIRONMENTAL

SRV: PO

26-04-29-65

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Work sitting only

☐ Not to lift over \_\_\_\_\_ pounds

☐ No work requiring filter type respiratory protective device

☐ No work in confined spaces

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_

☐ Can not perform marginal functions

☐ Must wear corrective lenses

☐ Day work only (no shift work)

☐ No overtime

☐ No repeated bending

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ Not to work at a specific job or area

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

EXAMINER

Signature

M.D

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

FIDEL GARCIA T

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

4-20-96 Gradings Med. Group  
DATE OF EXAMINATION NAME OF EXAMINING DOCTOR (PRINT)  
[Signature] [Signature]  
SIGNATURE SIGNATURE  
164 W 5111th St ANAHEIM  
ADDRESS CITY  
92805

GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

DATE: - GARCIA, FIDEL 01/04/96  
SSN: 613-16-2818 DOB: 03/23/62  
PATIENT: - EMP: CST ENVIRONMENTAL  
SRV: MS BLOOD LEAD  
COMPANY: 26-01-04-59

SPECIAL TEST PERFORMED

- A. BLOOD LEAD ☒
- B. ZPP - PROTOPORPHYRIN ☐

BLOOD LEAD WITHIN NORMAL LIMITS? YES ☒ NO ☐

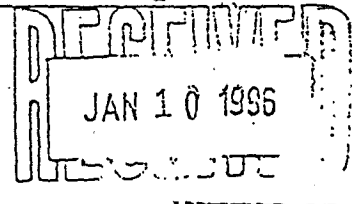
ZPP - PROTOPORPHYRIN WITHIN NORMAL LIMITS? YES ☐ NO ☐

REPEAT TESTING REQUIRED YES ☐ NO ☒

COMMENTS: \_\_\_\_\_

DATE FOR RE-TESTING \_\_\_\_\_

PHYSICIAN'S SIGNATURE [Signature] MD DATE 1-8-96



CLIENT NAME AND NUMBER

282

GREANEY MEDICAL GROUP

ATTN: PETER P GREANEY, MD

1103 SOUTH ANAHEIM BLVD

ANAHEIM, CA 92805

PATIENT NAME

GARCIA, FIDEL

613-16-2818

AGE SEX

33 M

DATE RECEIVED

DATE DRAWN

DATE REPORTED

ACCESSION NO.

01/04/96

01/04/96

01/06/96

A0357041

# LABORATORY REPORT

BATCH: 15

MEDICAL DIRECTOR: E. ABRAMS, M.D.

ORDERED PROCEDURES:

LEAD (BLOOD)

CH=CRITICAL HIGH CL=CRITICAL LOW

PROCEDURE NAME	OUT-OF-RANGE	RESULT	UNITS	REFERENCE RANGE	DET LIMIT
LEAD (BLOOD)		6.0	mcg/dl	See Message	3.0

Comment:

Adult (Occupation Exposure):

OSHA action level for lead in blood is 40 mcg/dl.

Children: The Centers for Disease Control recommends a "threshold of concern" for blood lead levels at or above 10 mcg/dl for children younger than age six.

PLEASE NOTE: EFFECTIVE JANUARY 1, 1996 THE DETECTION LIMIT FOR BLOOD LEAD ANALYSIS HAS BEEN LOWERED TO 3.0 MCG/DL FROM THE PREVIOUS DETECTION LIMIT OF 5.0 MCG/DL. ANY RESULT LESS THAN 3.0 WILL BE REPORTED AS "< 3.0".

A0357041

LAST PAGE OF REPORT

GARCIA, FIDEL



# Certificate of Attendance

CERTIFICATE NUMBER

9030

Eco)logics Lehr

Environmental Services  
and Training Institute

This is to Certify that

RAUL GARCIA R. SS# 605-09-9892

Has Completed the Course of

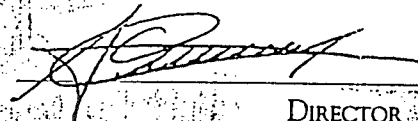
AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

INSTRUCTOR



ARMANDO DUCOING

DIRECTOR

July 20, 1996

COMPLETION DATE

E072096AWR

CLASS NUMBER

July 20, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

PH. (714) 528-0000 FAX. (714) 524-2471

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente, estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con cortar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y se y he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a: QUE ASBESTOS PUEDE CAUSAR "ASBESTOSIS" Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he tenido instrucciones y entrenamiento en metodos en remover asbestos, Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de descontaminacion, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APARESCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis companeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Codiga Civil seccion 1653. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro, Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desabilitado, descansado, o compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me exclullan de realizar el trabajo requiendo.

Nombre: Boul Garcia

Fecha: 7/30/96

Firma: Boul Garcia

Numero del Seguro Social: 1605-09-9892

CST Employee Firma: 

## CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: Raul Garcia

Fecha de la Prueba: 7/30/96

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

☒ Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

☐ MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

☐ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba: Raul Garcia

Test Conductor: [Signature]



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify

GARICAM RAUL NMI.

07/26/96

SSN: 605-09-9892

DOB: 01/22/59

EMP: CST ENVIRONMENTAL

SRV: PO ASBESTOS

26-07-26-45

Position

Date of Exam

Location

Supervisor

EXAMINEE'S NAME

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify

☐ Can not perform marginal functions

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

7-31-96

EXAMINER

Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

*I certify that I have examined*

RAUL GARCIA

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

7-26-96

DATE OF EXAMINATION

Greene Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Raul Garcia

SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

2016 Jushua Ave Apt 202

ADDRESS

EPA ACCREDITED



Nº 1001  
AHERA APPROVED

## OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

NICOLAE GHEORGHE

SS# 611-74-3775  
HAS SUCCESSFULLY COMPLETED A 4 DAY COURSE AND, AFTER PASSING

THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

SEPTEMBER 13, 1996

FOR

ASBESTOS ABATEMENT

WORKER TRAINING

SPANISH INSTRUCTION

COURSE DATES: SEPTEMBER 10-13, 1996

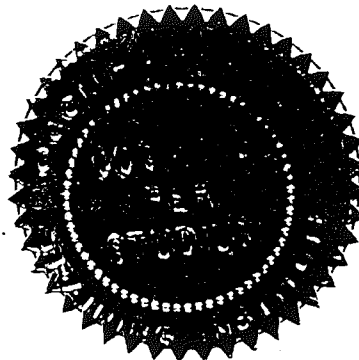
EXAM DATE: SEPTEMBER 13, 1996

AAWT-4917-96

ACCREDITATION NO.

SEPTEMBER 13, 1997

EXPIRATION DATE



*J. H. Whalen*

AUTHORIZED SIGNATURE

*Jim Curry*

EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)  
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.**

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: NICOLAE GHEORGHE

Date: 09-16-1996

Signature: 

SS Number: 611-74-3775

CST Employee Signature: \_\_\_\_\_

forms:worker.ack

RESPIRATOR FIT TEST RECORD

Name: NICOLAE GHEORGHE

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: [Signature]

Test Conductor: [Signature]

Date of test: 09-16-1996

forms:fittest





# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

GHEDRGHE, NICOLAE

SSN: 611-76-3775

09/20/96  
DOB: 11/21/57

EMP: CST ENVIRONMENTAL

SRV: PD ASBESTOS

Position

Date of Exam

Location

Supervisor

**EXAMINEE'S NAME**

26-09-20-83

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify \_\_\_\_\_

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Can not perform marginal functions

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-23-96

EXAMINER

Signature

M.D.

GM088901

**MEDICAL EXAMINER'S CERTIFICATE**

*I certify that I have examined*

NICOLAE, CACAU

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9-20-96

DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Nicolas C. C. Greaney

EMPLOYEE SIGNATURE

SIGNATURE OF EXAMINING DOCTOR

8055 CHAPMAN AVE. 9

ADDRESS

STANTON CA 90680



# Certificate of Attendance

CERTIFICATE NUMBER

8744



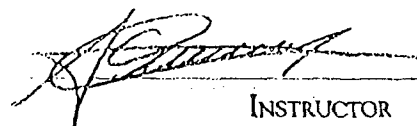
*This is to Certify that*

**MAURICIO HENRIQUEZ SS# 534-06-8576**

*Has Completed the Course of*

**AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 39 FR5216 effective April 1994



ARMANDO DUCUING

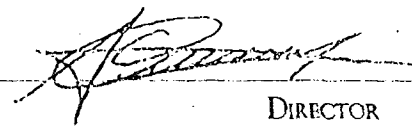
INSTRUCTOR

May 18, 1996

COMPLETION DATE

**E051896AWR**

CLASS NUMBER



ARMANDO DUCUING

DIRECTOR

May 18, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 528-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respiratory use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: MAURICIO HENRIQUEZ Date: 6/18/96

Signature: Maurico Henriquez SS Number: 534-06-8576

CST Employee Signature: 

## RESPIRATOR FIT TEST RECORD

Test Subject: MAURICIO HENRIQUEZ

Date of test: 6/18/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Mauricio Henriquez

Test Conductor: [Signature]



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

HENRIQUEZ, MAURICIO A 04/12/96  
SSN: 534-06-2576 DOB: 12/11/69  
EMP: CST ENVIRONMENTAL  
SRV: PO

26-04-12-32

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

- ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.
- ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area  
\_\_\_\_\_
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor  
☐ Passenger Vehicle ☐ Truck
- ☐ Decision deferred. The examination indicated that additional information is necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE 4/12/97 EXAMINER [Signature] M.D.

Signature

GM088901

# Certificate of Attendance

CERTIFICATE NUMBER

8592

Eco|logics Lehr

Environmental Services  
and Training Institute

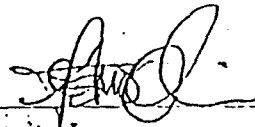
This is to Certify that

ARMANDO HERNANDEZ SS # 618-60-2992

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 32 HR. COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

INSTRUCTOR

May 03, 1996

COMPLETION DATE



ARMANDO DUCUING

DIRECTOR

May 03, 1997

CERTIFICATE EXPIRES

E043096AWC

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En conexión a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente, estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con contar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y se y he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a: QUE ASBESTOS PUEDE CAUSAR "ASBESTOSIS" Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he recibido instrucciones y entrenamiento en metodos en remover asbestos. Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de descontaminacion, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APARESCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis companeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Código Civil seccion 1669. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro. Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desabilitado, descansado, o compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me exclullan de realizar el trabajo requerido.

Nombre: Armando Hernandez

Fecha: 7-1-96

Firma: Armando Hernandez

Numero del Seguro Social: 618-60-2992

CST Employee Firma: [Signature]



## CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: Armando Hernandez

Fecha de la Prueba: 7-1-96

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

☒ Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO MEDIANO, GRANDE

☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

☒ MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

☒ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba: Armando Hernandez

Test Conductor: [Signature]

# FITNESS FOR DUTY FORM

NAME: FRANCISCO HERNANDEZ Social Security # 118-60-2992 Age 19  
 Date of Exam: 5/7/96 Employer: \_\_\_\_\_

## TYPE OF EXAMINATION:

- ☒ Pre-employment ( ) Periodic ( ) DOT ( ) Overseas ( ) Return to work  
☒ Pulmonary Function ( ) Asbestos ( ) Other \_\_\_\_\_

## RECOMMENDATIONS:

The following medical recommendations are based on a review of the health history, examination findings, related tests or studies, and the specific physical capacities required for the position applied for or currently held by the examinee.

- ☒ The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills and training.
- ( ) The examination indicates no-occupational pathological conditions, to be followed by the personal physician. Can be assigned to any work consistent with skills and training.
- ( ) The examinations indicates non-occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be reassigned without a review from the Medical Department.
- ( ) The examination indicates that a pathological condition exists which limits work assignment as follows:

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| ( ) Lifting over ____ lbs.      | ( ) Use of hearing protection devices |
| ( ) Walking                     | ( ) Use of correction lenses          |
| ( ) Climbing structures/ladders | ( ) Work above ground                 |
| ( ) Bending                     | ( ) Shift/Overtime work               |
| ( ) Driving/Operating machinery | ( ) Temperature limits                |
| ( ) Driving company vehicles    | ( ) Other _____                       |

- ( ) Eligible for expatriate assignment or overseas travel.
- ( ) Results of audiometric exam indicate significant threshold shift since baseline audiogram. Advised to wear hearing protection.  
 Audiogram ( ) to be / ( ) not to be repeated in \_\_\_\_\_.
- ( ) Results of audiometric exam indicate moderate hearing loss. Advised to wear hearing protection.
- ( ) Does not meet criteria for employment at this time.

## CERTIFICATION:

- ☒ Approved for work with hazardous materials.
- ☒ Approved for use of respirators.
- ☒ Approved for use of personal protective equipment.
- ☒ Medically qualified under DOT regulations.
- ( ) Audiometric test completed.
- ( ) Mechanical visual screening completed.
- ( ) No pathological conditions has been detected in the above named individual that would place him at risk of material health impairment from exposure to: \_\_\_\_\_
- ( ) The patient has been informed of this results of this physical examination.

SAN JUAN FAMILY CLINIC  
 2914 SAN JUAN AVE.

PHYSICIAN:

SIGNATURE:

Ramon O. Silva, MD.  
 DATE: 5/7/96

DATE:

MAY 07 1996

EPA ACCREDITED



Nº 1002  
AHERA APPROVED

## OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

NICOLAE LACAU

SS# 606-54-8901  
HAS SUCCESSFULLY COMPLETED A 4 DAY COURSE AND, AFTER PASSING  
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

SEPTEMBER 13, 1996

FOR

ASBESTOS ABATEMENT

WORKER TRAINING

SPANISH INSTRUCTION

COURSE DATES: SEPTEMBER 10-13, 1996

EXAM DATE: SEPTEMBER 13, 1996

AAWT-4918-96  
ACCREDITATION NO.

SEPTEMBER 13, 1997  
EXPIRATION DATE



*J. N. Abraham*  
AUTHORIZED SIGNATURE  
*Jim Cuddy*  
EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)  
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844

# CST ENVIRONMENTAL, INC.

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I** covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: NICOLAE LACAU

Date: 09-16-96

Signature: Nicolae Lacau

SS Number:

606-54-1301

CST Employee Signature: [Signature]

forms:worker.ack

# CST ENVIRONMENTAL, INC

## RESPIRATOR FIT TEST RECORD

Name:

NICOLAE LACAU

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature:

Nicolae Lacau

Test Conductor:

[Signature]

Date of test:

09-16-96

forms:fitest



# HEALTH STATUS REPORT

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

## TYPE OF EXAMINATION

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

LACAU, NICOLAE GHEORGHE    09/20/96  
SSN: \_\_\_\_\_    DOB: 02/28/63  
EMP: CST ENVIRONMENTAL  
SRV: PO ASBESTOS

Position	Date of Exam
Location	Supervisor

## EXAMINEE'S NAME

26-09-20-04

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify \_\_\_\_\_

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Can not perform marginal functions

☐ Passenger Vehicle ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-23-90

EXAMINER

Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

GHEORGHE NICOLAE

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9-20-1996

DATE OF EXAMINATION

Greency Med Group

NAME OF EXAMINING DOCTOR (PRINT)

[Signature]

EMPLOYEE SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

76 DEER CREEK RD POMONA CA

ADDRESS

91766

# Certificate of Attendance

CERTIFICATE NUMBER

8359

Eco)logics Lehr

Environmental Services  
and Training Institute


This is to Certify that

FRANCISCO J. MEZA SS # 603-20-0508

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

 ARMANDO DUCOING  
INSTRUCTOR

April 13, 1996

COMPLETION DATE

E041396AWR

CLASS NUMBER

 ARMANDO DUCOING  
DIRECTOR

April 13, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471



WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: FRANCISCO MEZA Date: 10/18/96

Signature: Francisco Meza SS Number: 603-20-0508

CST Employee Signature: 

# RESPIRATOR FIT TEST RECORD

Test Subject: FRANCISCO MEZA

Date of test: 6/18/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
 Approval No. TC-21C-152  
 Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
 Approval No. TC-23C-1118  
 Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
 Approval No. TC-23C-1117  
 Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
 Approval No. TC-21C-496  
 Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
 Approval No. TC-21C-496  
 Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Francisco Meza

Test Conductor: [Signature]



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**PREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify

MEZA, FRANCISCO J.    08/07/96  
SSN: 603-20-0508    DOB: 12/15/69  
EMP: CST ENVIRONMENTAL  
SRV: PO ASBESTOS  
26-08-07-99

Position	Date of Exam
Location	Supervisor
Social Security No.	

**EXAMINEE'S NAME**

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor
  - ☐ Passenger Vehicle ☐ Truck
  - ☐ Can not perform marginal functions
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

8-9-96

EXAMINER

Signature

M.D.

GM088901

# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Francisco J. Meza

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

8-7-90

DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

[Signature]

EMPLOYEE SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

883 S. Buena Vista av. apt. #62 - Pomona CA

ADDRESS

# Certificate of Attendance

CERTIFICATE NUMBER

9029

Eco)logics Lehr

Environmental Services  
and Training Institute

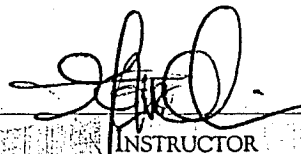
*This is to Certify that*

FERNANDO MIRANDA SS# 594-69-5849

*Has Completed the Course of*

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

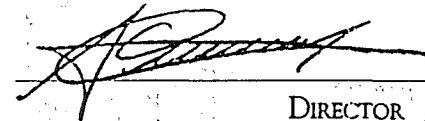


GUSTAVO OLIVAR

INSTRUCTOR

July 20, 1996

COMPLETION DATE



ARMANDO DUCOING

DIRECTOR

July 20, 1997

CERTIFICATE EXPIRES

E072096CSR

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Fernando MirandaDate: 5/31/96Signature: Fernando Miranda SS Number: 594-69-5849CST Employee Signature: 

## RESPIRATOR FIT TEST RECORD

Test Subject: Fernando MirandaDate of test: 5/31/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Fernando MirandaTest Conductor: [Signature]



**Greaney Medical Group**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

☐ Post-Offer Placement      ☐ Special Occupational☐ Routine Periodic      ☐ Other \_\_\_\_\_

### Specificity

313: 67/17/67

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

Social Security No.

**STATUS**

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

- |  |   |
|--|---|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses  |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)  |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime  |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending  |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins               |
| <input type="checkbox"/> No work with chemicals or irritants                         |   |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify _____             | <input type="checkbox"/> Not to work at a specific job or area<br>_____                                       |
|  | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck                                     |

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

EXAMINER

Signature

M.d

GM023901

TOTAL P 002



**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined

Fernando Miranda

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

5-6-96

DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Fernando Miranda

SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

2602 E. Florence Ave. #329

ADDRESS

H. P. CA. 90255

# Certificate of Attendance

CERTIFICATE NUMBER

8070

Eco)logics Lehr

Environmental Services  
and Training Institute

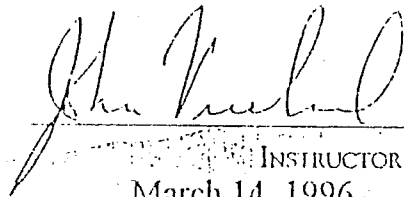
This is to Certify that

OSCAR MIRANDA SS # 636-15-5260

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AIAAT in accordance with 59 FR5216 effective April 1994



JOHN VREELAND

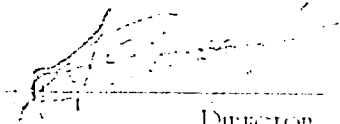
INSTRUCTOR

March 14, 1996

COMPLETION DATE

E031496AWR

CLASS NUMBER



ARMANDO DOMINGUEZ

DIRECTOR

March 14, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Oscar MirandaDate: 3/6/90Signature: Oscar MirandaSS Number: 636 43 5260CST Employee Signature: [Signature]

## RESPIRATOR FIT TEST RECORD

Test Subject: Dennis Miranda

Date of test: 5/1/10

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Oscar Miranda

Test Conductor: [Signature]



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

☐ Post-Offer Placement

☐ Special Occupational

☐ Routine Periodic

☐ Other \_\_\_\_\_

Specify

NAME: OSCAR

05/07/96

SSN: 45-51100

DOB: 01/29/77

EMP: CST ENVIRONMENTAL

SHIP: PO

EMP ID: 26-05-07-69

Position

Date of Exam

Location

Supervisor

EXAMINEE'S NAME

Social Security No

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify

☐ Can not perform marginal functions

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

5.7.96

EXAMINER

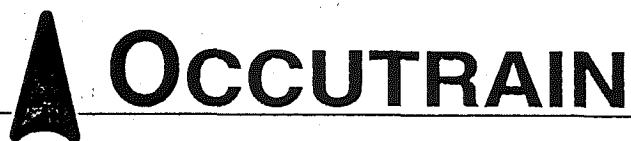
Signature

M.D.

GM056901

EPA ACCREDITED

Nº 1456  
AHERA APPROVED



## OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT  
MIROSLAV MILITIEV  
SS# 611-40-6046  
HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING  
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON  
SEPTEMBER 9, 1996  
FOR  
ASBESTOS ABATEMENT  
WORKER TRAINING Annual Refresher

COURSE DATES: SEPTEMBER 9, 1996

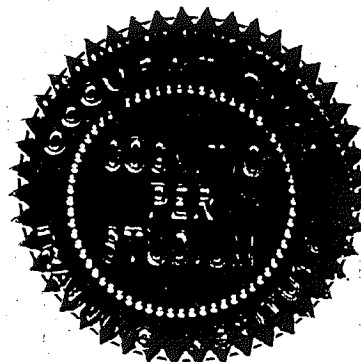
EXAM DATE: SEPTEMBER 9, 1996

AAWT-R-4697-96

ACCREDITATION NO.

SEPTEMBER 9, 1997

EXPIRATION DATE



*J. H. Abraham*  
AUTHORIZED SIGNATURE  
*Jim Condy*  
EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)  
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases; and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: MIROSLAV MILITIEV

Date: 9-16-96

Signature: [Signature]

SS Number: 611-40-6046

CST Employee Signature: [Signature]

forms:worker.ack

# CST ENVIRONMENTAL, INC

## RESPIRATOR FIT TEST RECORD

Name: MIROSCAV MICITIEV

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: Chulitoo Chulorlee

Test Conductor: [Signature]

Date of test: 9-16-96

forms:fittest





# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

MILITIEW, MIROSLAV    09/20/96  
SSN: 610-40-6046    DOR: 03/12/65  
EMP: CST ENVIRONMENTAL  
SRV: PO ASBESTOS

Position	Date of Exam
Location	Supervisor

**EXAMINEE'S NAME**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26-09-20-98

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

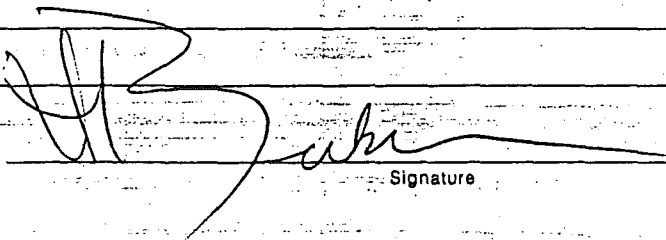
1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- ☐ Cannot perform an essential function (s)
  - ☐ Must wear corrective lenses
  - ☐ Work sitting only
  - ☐ Day work only (no shift work)
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No overtime
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No repeated bending
  - ☐ No work in confined spaces
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Not to work at a specific job or area
- \_\_\_\_\_
- ☐ Not to operate: ☐ Forklift ☐ Tow Motor
- ☐ Can not perform marginal functions    ☐ Passenger Vehicle    ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-23-96

EXAMINER



Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

MIROSLAV MICITIK

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9-20-96

DATE OF EXAMINATION

Greiner Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

[Signature]

EMPLOYEE SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

13041 NELSON

GARDEN GROVE 92643

ADDRESS

EPA ACCREDITED



Nº 1457  
AHERA APPROVED

## OCCUPATIONAL TRAINING INSTITUTE, INC.

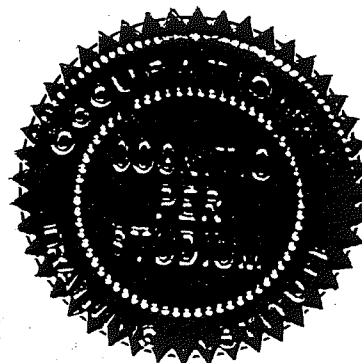
BE IT KNOWN TO ALL THAT  
NICUSOR MITITELU  
SS# 612-74-8173  
HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING  
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON  
SEPTEMBER 9, 1996  
FOR  
ASBESTOS ABATEMENT  
WORKER TRAINING Annual Refresher

COURSE DATES: SEPTEMBER 9, 1996

EXAM DATE: SEPTEMBER 9, 1996

AAWT-R-4696-96  
ACCREDITATION NO.  
SEPTEMBER 9, 1997  
EXPIRATION DATE



J. N. Abraham  
AUTHORIZED SIGNATURE  
Jim Curry  
EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)  
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.**

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: MICHAEL MITCHELL

Date: 9-16-96

Signature: [Signature]

SS Number: 612-74-8173

CST Employee Signature: [Signature]

forms:worker.ack

# CST ENVIRONMENTAL, INC

## RESPIRATOR FIT TEST RECORD

Name:

NICUSOR M. FITELO

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

/

North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

\_\_\_\_\_

3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

\_\_\_\_\_

3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

\_\_\_\_\_

MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

/

RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: \_\_\_\_\_

Test Conductor: \_\_\_\_\_

Date of test: 08-16-96

forms:fittest



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

MITITELU, NICUSOR

SSN: \_\_\_\_\_

09/20/96

Position

Date of Exam

DOB: 04/05/71

EMP: CST ENVIRONMENTAL

SRV: PO ASBESTOS

Location

Supervisor

26-09-20-75

EXAMINEE'S NAME

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify \_\_\_\_\_

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Can not perform marginal functions

☐ Passenger Vehicle ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-23-96

EXAMINER

*[Signature]*

Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

NICUSOR MITTELU

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9-20-76 Greaney Med. Group  
DATE OF EXAMINATION NAME OF EXAMINING DOCTOR (PRINT)  
[Signature] SIGNATURE OF EXAMINING DOCTOR  
EMPLOYEE SIGNATURE  
13041 NELSON GARDEN GRO  
ADDRESS  
CA 92643 -X

EPA ACCREDITED



Nº 1000  
AHERA APPROVED

## OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

STEFAN MITITELU

SS# 612-40-4660

HAS SUCCESSFULLY COMPLETED A 4 DAY COURSE AND, AFTER PASSING

THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

SEPTEMBER 13, 1996

FOR

ASBESTOS ABATEMENT

WORKER TRAINING

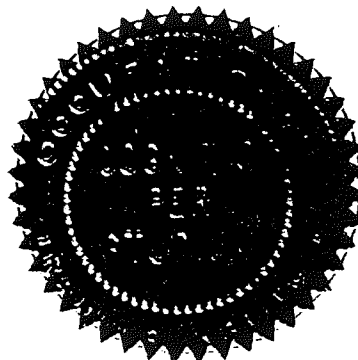
SPANISH INSTRUCTION


COURSE DATES: SEPTEMBER 10-13, 1996

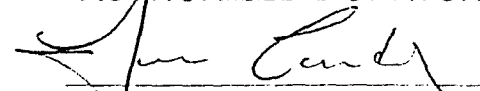
EXAM DATE: SEPTEMBER 13, 1996

AAWT-4916-96  
ACCREDITATION NO.

SEPTEMBER 13, 1997  
EXPIRATION DATE



  
AUTHORIZED SIGNATURE

  
EXAM ADMINISTRATOR

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)  
Occupational Training Institute, Inc. (Occutrain) - 666 Baker St. Suite #340 Costa Mesa, CA 92626, TEL #714-556-7844



# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS,** AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: STEFAN MITITELU

Date: 9-16-96

Signature: Stefan Mititelu

SS Number: 612-40-9660

CST Employee Signature: [Signature]

forms:worker.ack

CST ENVIRONMENTAL, INC

RESPIRATOR FIT TEST RECORD

Name: STEFAN MITITELU

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature: Stefan Mititelu

Test Conductor: 9-16-96

Date of test: [Signature]

forms:fittest



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

MITITELU, STEFAN    09/20/96  
SSN: 612-40-4660    DOB: 01/10/69  
EMP: CST ENVIRONMENTAL  
SRV: PO ASBESTOS  
26-09-20-16

Position	Date of Exam
Supervisor	

**EXAMINEE'S NAME**

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

- |  |   |
|--|---|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses  |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)  |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime  |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending  |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins |
| <input type="checkbox"/> No work with chemicals or irritants                         |   |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify _____             | <input type="checkbox"/> Not to work at a specific job or area                                  |

- ☐ Not to operate: ☐ Forklift ☐ Tow Motor  
☐ Passenger Vehicle ☐ Truck

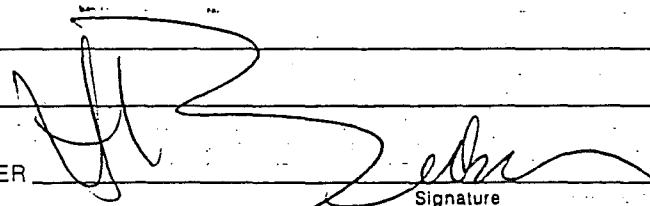
☐ Can not perform marginal functions

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

9-22-96

EXAMINER



Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined:

STEFAN MITOTELU

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

9-20-96

Greaney Med. Group

DATE OF EXAMINATION

NAME OF EXAMINING DOCTOR (PRINT)

EMPLOYEE SIGNATURE

SIGNATURE OF EXAMINING DOCTOR

13041 NELSON CARRAN  
ADDRESS  
GROVE 92643

# Certificate of Attendance

CERTIFICATE NUMBER

8363

Eco)logics Lehr

Environmental Services  
and Training Institute

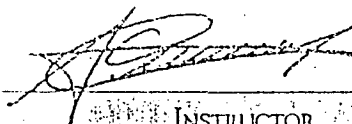
This is to Certify that

ABED ASIS NAVARRO SS # 605-60-0487

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 205 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

  
ARMANDO DUCUING

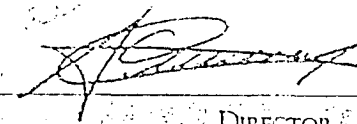
INSTRUCTOR

April 13, 1996

COMPLETION DATE

E041396AWR

CLASS NUMBER

  
ARMANDO DUCUING

DIRECTOR

April 13, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi Modelo CST Environmental, Inc. (nombre del contratista) El que a final firma la presente, de acuerdo y en conocimiento de los puntos que siguen:

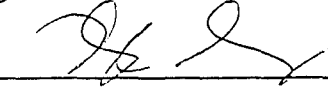
1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo está relacionado con el uso, empujar y tirar con material que contiene asbestos y áreas de trabajo contaminadas con asbestos, y yo he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a QUE ASBESTOS PUEDE CAUSAR ASBESTOSIS Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he recibido instrucciones y entrenamiento en métodos en remover asbestos, Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de descontaminación, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE OUEZAS NO APAREZCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las áreas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis compañeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Código Civil sección 1669. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro. Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desahilitado, descansado, ó compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me exclullan de realizar el trabajo requerido.

Nombre: Abed Asis Navarro

Fecha: 5/31/96

Firma: 

Numero del Seguro Social: 605-60-0487

CST Employee Firma: 

# CONTROL DE LA PRUEBA DE RESPIRADOR.

Objeto de la Prueba:

Abel Asis Navarro

Fecha de la Prueba:

5/31/96

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

- ☒ Nore 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO, MEDIANO, GRANDE
- ☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE
- ☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO
- ☐ MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-495  
Tamaño Disponible- MEDIANO, GRANDE
- ☒ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-495  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba:

ABEL ASIS NAVARRO

Test Conductor:

[Signature]

2151



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

GREENLEAF MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Other Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

APPROVED FOR  
10/1/1999 10/1/1999

Position	Date of Exam
Location	Supervisor
Social Security No. _____	

EXAMINEE'S NAME \_\_\_\_\_

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

- |  |  |
|--|--|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses   |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)   |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime   |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending   |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins  |
| <input type="checkbox"/> No work with chemicals or irritants                         |  |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify _____             | <input type="checkbox"/> Not to work at a specific job or area<br>_____  |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor<br><input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck |

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE 6-5-96 EXAMINER [Signature] M.D. [Signature]  
Signature

GM088901



MEDICAL EXAMINER'S CERTIFICATE

I Certify that I have examined  
Shad Dean Goodall  
NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

5-31-95  
DATE OF EXAMINATION  
Shad Dean Goodall  
SIGNATURE  
Greaney Med. Group  
NAME OF MEDICAL GROUP (PRINT)  
[Signature]  
SIGNATURE OF EXAMINING DOCTOR

# Certificate of Attendance

CERTIFICATE NUMBER

8362

EcoLogics Lehr

Environmental Services  
and Training Institute

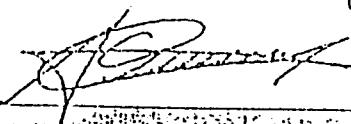
This is to Certify that

MAURO NUNEZ SS # 679-89-4735

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

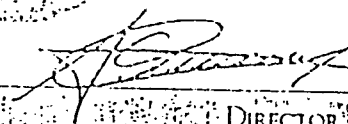
For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR3235 effective April 1994



ARMANDO DUCOING

INSTRUCTOR

April 13, 1996



ARMANDO DUCOING

DIRECTOR

April 13, 1997

COMPLETION DATE

CLASS NUMBER

CERTIFICATE EXPIRES

E041396AWR

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

TEL: (714) 528-2000 FAX: (714) 528-2001

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Mauro Nunez Date: 6/18/96

Signature: Mauro Nunez SS Number: 679-89-4735

CST Employee Signature: [Signature]

## RESPIRATOR FIT TEST RECORD

Test Subject: Mauro Nunez

Date of test: 6/18/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Mauro Nunez

Test Conductor: [Signature]

# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greene Medical Group

OCUPATIONAL MEDICINE

ENVIRONMENTAL HEALTH

TOLOGY

NAME: MAURO

SSN: 679-89-4735

EMP: CST ENVIRONMENTAL

ST

26-05-08-73

☐ Post-Offer Placement

☐ Special Occupational

☐ Routine Periodic

☐ Other \_\_\_\_\_

Specify

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Must wear corrective lenses

☐ Work sitting only

☐ Day work only (no shift work)

☐ Not to lift over \_\_\_\_\_ pounds

☐ No overtime

☐ No work requiring filter type respiratory protective device

☐ No repeated bending

☐ No work in confined spaces

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_

☐ Not to work at a specific job or area

Specify

☐ Can not perform marginal functions

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle

☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

5-8-96

EXAMINER

*[Signature]*

Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

MAURA Nuñez

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

05/18/96  
DATE OF EXAMINATION

Greaney Med. Group  
NAME OF EXAMINING DOCTOR (PRINT)

William J. Hines  
SIGNATURE

William J. Hines  
SIGNATURE OF EXAMINING DOCTOR

156 W 32 #15  
ADDRESS

LOS ANGELES 90077

# Certificate of Attendance

CERTIFICATE NUMBER  
**9365**

Eco logics Lehr

Environmental Services  
and Training Institute

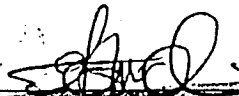
*This is to Certify that*

**ANTONIO PADILLA SS # 585-26-0014**

*Has Completed the Course of*

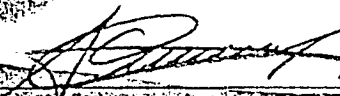
**AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

INSTRUCTOR



ARMANDO DUCOING

DIRECTOR

August 31, 1996

COMPLETION DATE

E083196AWR

CLASS NUMBER

August 31, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807

PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

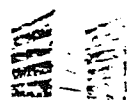
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Antonio Padilla Date: 5/6/96

Signature: Antonio Padilla SS Number: 585-26-0014

CST Employee Signature: Paul R. Zamora





CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714,991-8300 FAX 714,991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Antonio Padilla

Date of test: 5/6/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: ANTONIO PADILLA

Test Conductor: Paul R Zanier

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford

2778



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

PADILLA, TIMOTED ANTONIO 05/07/96  
SSN: 585-26-0014 DOB: 02/06/73  
EMP: CST ENVIRONMENTAL  
SRV: PO  
EMPLOYEE IDENTIFICATION NUMBER 26-05-07-17

Position	Date of Exam
Location	Supervisor
Social Security No.	

## EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

- ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.
- ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Can not perform marginal functions
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area \_\_\_\_\_
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor  
☐ Passenger Vehicle ☐ Truck
- ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE 5-7-96 EXAMINER [Signature] M.D.

Signature

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Antonio Padilla

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

5/7/96  
DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

SIGNATURE

Antonio Padilla

SIGNATURE OF EXAMINING DOCTOR

ADDRESS

1169 N. Hobart Ave.

# Certificate of Attendance

CERTIFICATE NUMBER

8208

Eco|logics Lehr

Environmental Services  
and Training Institute

This is to Certify that

NORMAN PEREZ SS # 683-86-8622

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

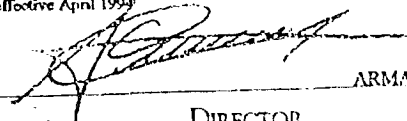


GUSTAVO OLIVAR

INSTRUCTOR

June 12, 1996

COMPLETION DATE



ARMANDO DUCUING

DIRECTOR

June 12, 1997

CERTIFICATE EXPIRES

E061296AWR

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

Jun 1996 2:08PM Ecologics Lehr

FAX: 714 528 3300

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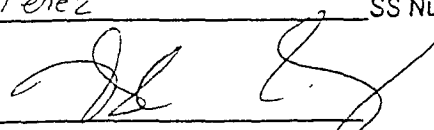
WORKER TRAINING & KNOWLEDGE STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: NORME PEREZ Date: 6/18/96

Signature: Norman Perez SS Number: 683-86-8622

CST Employee Signature: 

## RESPIRATOR FIT TEST RECORD

Test Subject: NORMAN PEREZ

Date of test: 6/18/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

✓ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

       3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

       3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

✓ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

✓ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Norman Perez

Test Conductor: [Signature]



# HEALTH STATUS REPORT

GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

## TYPE OF EXAMINATION

- ☒ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

Position	06-11-96 Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

Norman A. Perez

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- |  |   |
|--|---|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses  |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)  |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime  |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending  |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins               |
| <input type="checkbox"/> No work with chemicals or irritants                         |   |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify _____             | <input type="checkbox"/> Not to work at a specific job or area<br>_____                                       |
|  | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck                                     |
3. ☐ Decision deferred. The examination indicated that additional information is necessary.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

DATE 6/14/91 EXAMINER [Signature] M.D.  
Signature

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Norberto Perez

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

05/11/96

DATE OF EXAMINATION

Greaney, H. Group

NAME OF EXAMINING DOCTOR (PRINT)

Norberto Perez

EMPLOYEE SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

335 1/2 North Coronado St Los Angeles, CA 90026

ADDRESS



# Certificate of Attendance

CERTIFICATE NUMBER

9032

Eco)logics Lehr

Environmental Services  
and Training Institute

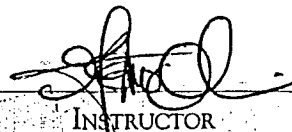
*This is to Certify that*

HERMAN H. PORTILLO SS# 615-14-2257

*Has Completed the Course of*

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

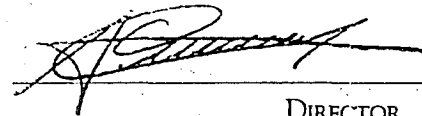


GUSTAVO OLIVAR

INSTRUCTOR

July 20, 1996

COMPLETION DATE



ARMANDO DUCOING

DIRECTOR

July 20, 1997

CERTIFICATE EXPIRES

E072096AWR

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Herman Portillo Date: 5/6/96

Signature: *H. Portillo* SS Number: 015-14-2257

CST Employee Signature: *Paul R. Zamora*



CST ENVIRONMENTAL, INC

Contractor License #549566  
DGS #177

2100 East Via Burton Street  
Anaheim, CA 92806

714/991-8300 FAX 714/991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Herman Portillo

Date of test: 5/6/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152

Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118

Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117

Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496

Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496

Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: HERMAN PORTILLO

Test Conductor: Paul R. Zamora

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford

2957



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify

Position	5-7-96 Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

Portillo, Herman

S.S. # 615-14-2257

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

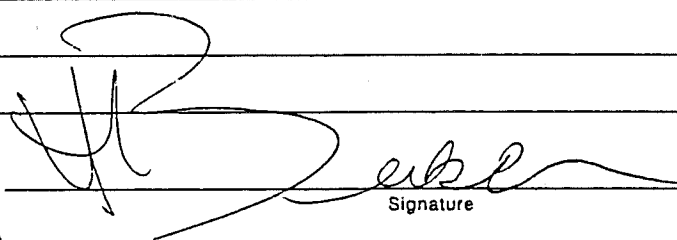
### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- |  |  |
|--|--|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses   |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)   |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime   |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending   |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins  |
| <input type="checkbox"/> No work with chemicals or irritants                         |  |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify                   | <input type="checkbox"/> Not to work at a specific job or area   |
|  |  |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor<br><input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck |
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

5-9-96

EXAMINER



Signature

M.D.

GM088901

# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

HERMAN A. PORTILLO

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD

5/7/96

DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

SIGNATURE

Herman A. Portillo

SIGNATURE OF EXAMINING DOCTOR

5033 West 21st

ADDRESS

Los Angeles CA 90016

# Certificate of Attendance

CERTIFICATE NUMBER

8373

Eco)logics Lehr

Environmental Services  
and Training Institute

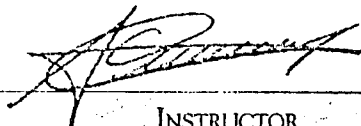
This is to Certify that

R. RICKY RICHARD SS # 575-80-5128

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



ARMANDO DUCOING

INSTRUCTOR

April 13, 1996

COMPLETION DATE

E041396CSR

CLASS NUMBER



ARMANDO DUCOING

DIRECTOR

April 13, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

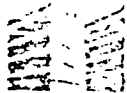
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Ricky Richard Date: 6/14/96

Signature: \_\_\_\_\_ SS Number: 575-80-5128

CST Employee Signature: 



CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Ricky Richard

Date of test: 6/14/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Ricky Richard

Test Conductor: [Signature]

1137

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford



Erhan Ereren, M.D.  
Medical Director

Placentia Medical Clinic • 310 West Orangethorpe • Placentia, California 92670 • (714) 990-2600

CERTIFICATION OF EXAMINATION AND RECOMMENDATION  
FOR RESPIRATOR USE

This certifies that

Name:

*Richy Richard*

Social Security Number:

*575-80-5128*

Medical Exam Date:

*9-20-95*

has completed a physical exam, complete medical history  
and spirometry at

PLACENTIA MEDICAL CLINIC  
310 W. ORANGETHORPE AVE.  
PLACENTIA, CA, 92670

On the basis of this examination, the following are  
preliminary recommendations for respirator use, pending  
the outcome of all outstanding tests.

- A. ☒ This employee is cleared for respirator use.
- B. ☐ This employee's medical approval for respirator  
use is pending further physician review.
- C. ☐ This employee is NOT cleared for respirator use.
- D. ☐ This employee is cleared for a powered  
respirator only.

Signature of Examining Physician:

*R. Ereren*

Date:

*9/20/95*

# Certificate of Attendance

CERTIFICATE NUMBER

7014

EcoLogics Lehr

Environmental Services  
and Training Institute

This is to Certify that

DOUGLAS RIVAS SS # 611-18-8459

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

JIM MONDY

ARMANDO DUCOING

INSTRUCTOR

DIRECTOR

November 10, 1995

E111095CSR

November 10, 1996

COMPLETION DATE

CLASS NUMBER

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

TEL: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

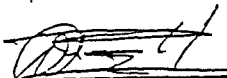
Name:

DOUGLAS RIVAS

Date:

8-8-96

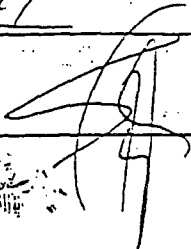
Signature:



SS Number:

61-18-8459

CST Employee Signature:



Forms/worker.ack

## RESPIRATOR FIT TEST RECORD

Test Subject: DOUGLAS RIVAS

Date of test: 7-24-96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
 Approval No. TC-21C-152  
 Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
 Approval No. TC-23C-1118  
 Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
 Approval No. TC-23C-1117  
 Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
 Approval No. TC-21C-496  
 Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
 Approval No. TC-21C-496  
 Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for  
 qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: [Signature]

Test Conductor: [Signature]

# ADVANTAGE CARE

INDUSTRIAL HEALTHCARE

## EMPLOYEE CLASSIFICATION FOR THE USE OF RESPIRATORY PROTECTIVE DEVICES

Name: DOUGLAS RIVAS

Social Security #: 611-18-8459

I hereby certify that on 11-08-95, I examined the aforementioned individual for contraindications to the use of a respiratory protective device and found him:

- ☒ CLASS I  
Medically qualified for unlimited use of respiratory protective devices.
- ☐ CLASS II  
Medically qualified for limited use of respiratory protective devices, up to a maximum of \_\_\_\_\_ hour(s) a day.
- ☐ CLASS III  
Medically qualified for use of respiratory protective devices *only in case of emergency.*

Name of Physician: Tankersley, M.D.

Signature: [Signature]

Date: 11/9/95

JAB:KBW:AMM:11



THE ENVIRONMENTAL GROUP

TRAINING DIVISION

# Certificate of Training

*Edward Bonar*

SS 161675-96-0909

for the successful completion  
of

## AHERA ASBESTOS ABATEMENT WORKER 32-HOUR COURSE

Certificate No: TEG0113-OSC

Exp: May 21, 1996

PORFIRIO MEDINA-JR

MICHAEL JOHNSTON

Instructor #A6T0302

Instructor #A6T0302

1710 South Euclid Avenue, Los Angeles, California 90040 (213) 776-9666

CST ENVIRONMENTAL, INC

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Miguel Roman I.

Date: 7/22/96

Signature: [Signature]

SS Number: 637-09-0909

CST Employee Signature: Paul R Zander

Forms/worker.ack

## RESPIRATOR FIT TEST RECORD

Test Subject: Miguel Roman

Date of test: 7/22/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☐ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: *[Signature]*

Test Conductor: *Paul R. Zamb*



# The Environmental Group

## MEDICAL SURVEILLANCE EXAMINATION FOR ASBESTOS WORKERS / RESPIRATOR USERS

Name: MIGUEL ROMAN

Examination Date: 5-15-96

Sex: ☒ Male ☐ Female

Age: 23 yrs.

- |  |  |  |
|--|--|--|
| 1. ASBESTOS MEDICAL HISTORY  | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal  |
| 2. PHYSICAL EXAMINATION  | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal  |
| 3. VISION [Corrected] (20/40 or better)                                | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal  |
| 4. SPIROMETRY (PFT): FVC: <u>101</u> % FEV <sub>1</sub> : <u>104</u> % | <input type="checkbox"/> Normal            | <input type="checkbox"/> Abnormal  |
| 5. CHEST RADIOGRAPH / B-READER (Report attached)                       | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal  |
| 6. URINALYSIS (Dipstick)   | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal  |
| 7. STOOL HEMOCCULT   | <input type="checkbox"/> Declined          | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

### DISCUSSION OF ABNORMAL RESULTS

Item #	Condition Noted	Recommendation

### CERTIFICATION FOR THE USE OF RESPIRATORS (Per CFR 29-1910.134)

- ☒ Medically qualified for the use of both positive and negative pressure respirators.
- ☐ Medically qualified for the use of only positive pressure respirators (Pos./Supplied air only)
- ☐ Not medically qualified for the use of respirators. Use: \_\_\_\_\_

### MEDICAL STATUS FOR WORK EXPOSED TO ASBESTOS

- ☒ No medical condition was found that would place the aforementioned employee at an increased risk of material health impairment due to asbestos exposure.
- ☐ Based on the medical condition(s) discussed above, the employee is restricted from working as follows:

1. \_\_\_\_\_

2. \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: 5-15-96

TEG

THE ENVIRONMENTAL GROUP

4710 South Eastern Avenue

City of Commerce, CA 90040

(213) 726-9696 / fax (213) 726-9797

(800) 458-0432

## QUALITATIVE FIT TESTING AND ISSUANCE OF RESPIRATOR

NAME OF PERSON TESTED: ROMAN L. MIGUEL #9163

SOCIAL SECURITY #: 675-09-0909

MAKE, MODEL, SIZE OF RESPIRATOR: NORTH 770 1/2 FACE

TYPE OF CARTRIDGE:

☒ HEPA

☐☐

COMBINATION

☐

OTHER

### DESCRIPTION OF TEST:

- 1) Respirator is donned and straps adjusted
- 2) Visual check is made to ensure tight fit around facial contours
- 3) Exhalation/inhalation and simulated mouth movements tests are performed
- 4) Irritant smoke is used to check fit. Proper fit is obtained if subject is not made to cough by smoke plume

I acknowledge that I have been issued the above type of respirator after successfully completing the qualitative fit testing. I agree to maintain and field check the respirator as instructed. Upon my termination of employment at TEG, I further agree to return the respirator in good condition, excluding normal wear and tear. In addition, should I lose the respirator, I agree to pay for the replacement respirator.

[Signature]  
Signature of Person Tested

Date: 5/22/96

[Signature]  
Signature of Testing Operator

Date: 5/22/96

☒ Original issuance

☐ Temporary issuance

☐ 6-Month re-issuance

☐ Lost respirator

# Certificate of Attendance

CERTIFICATE NUMBER

7504

Eco)logics Lehr

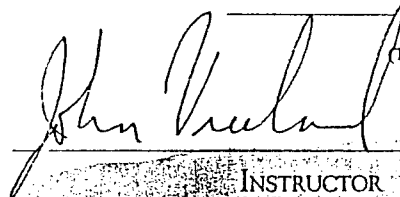
Environmental Services  
and Training Institute

*This is to Certify that*

**HECTOR ROSALES SS # 564-91-9876**

*Has Completed the Course of*

**AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE**



For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

JOHN VREELAND

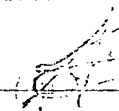
INSTRUCTOR

January 20, 1996

COMPLETION DATE

E012096AWR

CLASS NUMBER



ARMAND DUCUING

DIRECTOR

January 20, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500

ANAHEIM, CALIFORNIA 92807

PH: (714) 538-0000 FAX: (714) 538-2471

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente, estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con contar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y se y he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a: QUE ASBESTOS PUEDE CAUSAR "ASBESTOSIS" Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he recibido instrucciones y entrenamiento en metodos en remover asbestos. Controlar personal, vigilancia medica, medicas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de decontaminacion, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APARESCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o trator ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis companeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intensionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Código Civil seccion 1668. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro. Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerzo como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desabilitado, descansado, ó compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me exclullan de realizar el trabajo requiendo.

Nombre: Hector Rosales

Fecha: 12/29/95

Firma: Hector E. Rosales

Numero del Seguro Social: 564-91-9876

CST Employee Firma: [Signature]

## CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: Hector Rosales

Fecha de la Prueba: 12/29/95

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

☒ Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO MEDIANO GRANDE

☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

☒ MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

☒ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba:

Hector E. Rosales

Test Conductor:

[Signature]

8228



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

ROSALIS HECTOR

1000 10th St  
St. Louis, MO 63101  
314-241-1000  
Fax: 314-241-1001

EXAMINEE'S NAME

Position	Date of Exam
Location	Supervisor
Social Security No.	

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

- ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.
- ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Can not perform marginal functions
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area \_\_\_\_\_
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor
  - ☐ Passenger Vehicle ☐ Truck
- ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE 3-26-96 EXAMINER [Signature] M.D.

Signature

GM08901

MEDICAL EXAMINER'S CERTIFICATE

*I certify that I have examined*

Hector Rosales

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

DATE OF EXAMINATION

Hector Rosales  
SIGNATURE

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

H. Greaney  
SIGNATURE OF EXAMINING DOCTOR

1238 E. CHOCOMATE AVE. ANAHEIM, CA  
ADDRESS  
92805

# Certificate of Attendance

CERTIFICATE NUMBER

**9364**

Eco)logics Lehr

Environmental Services  
and Training Institute

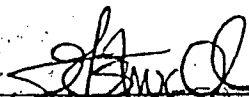
*This is to Certify that*

**ESTEBAN SAGASTUME SS # 618-58-9007**

*Has Completed the Course of*

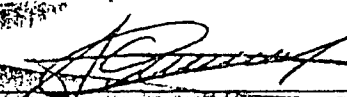
**AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE**

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

INSTRUCTOR



ARMANDO DUCOING

DIRECTOR

August 31, 1996

COMPLETION DATE

E083196AWR

CLASS NUMBER

August 31, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471



WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

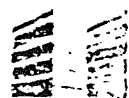
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Esteban Sagastume Date: 5/6/96

Signature: ESTEBAN SAGASTUME SS Number: 618-58-9007

CST Employee Signature: Paul R. [Signature]



CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177

2700 East Via Burton Street  
Anaheim, CA 92806

714-991-8300 FAX 714-991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Esteban Sagastume

Date of test: 5/10/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in TBCCR 1529, Appendix C.

Test Subject: ESTEBAN SAGASTUME

Test Conductor: Paul R. Zander

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford

2746



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

Greaney Medical Group  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify

SALAZAR, ESTEBAN SALASTUME 05/07/96  
SSN: 618-58-9007 DOB: 01/08/54  
EMP: CST ENVIRONMENTAL  
SRV: PO

26-05-07-19

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training. Pending Drug screen/X-rays results.

2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments

☐ Cannot perform an essential function (s)

☐ Work sitting only

☐ Not to lift over \_\_\_\_\_ pounds

☐ No work requiring filter type respiratory protective device

☐ No work in confined spaces

☐ No work with chemicals or irritants

☐ Suggested accommodations \_\_\_\_\_  
Specify

☐ Can not perform marginal functions

☐ Must wear corrective lenses

☐ Day work only (no shift work)

☐ No overtime

☐ No repeated bending

☐ Not to work with volatile organic compounds, solvents, or hepatotoxins

☐ Not to work at a specific job or area

☐ Not to operate: ☐ Forklift ☐ Tow Motor

☐ Passenger Vehicle ☐ Truck

3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

1-7-96

EXAMINER

*[Signature]*

Signature

M.D.

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

ESTEBAN GUSTAVO Salazar

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

5/7/96  
DATE OF EXAMINATION

SIGNATURE

[Signature]  
APPROVED Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

SIGNATURE OF EXAMINING DOCTOR

ESTEBAN GUSTAVO  
ADDRESS  
1104 E 11TH DR LOS ANGELES CA 90059

# Certificate of Attendance

CERTIFICATE NUMBER  
6057

Eco)logics Lehr

Environmental Services  
and Training Institute


*This is to Certify that*

THOMAS TOSHIO TAKUSHI SS # 575-78-0385

*Has Completed the Course of*

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act  
(TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



GUSTAVO OLIVAR

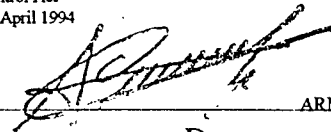
INSTRUCTOR

July 29, 1995

COMPLETION DATE

E072995CSR

CLASS NUMBER



ARMANDO DUCOING

DIRECTOR

July 29, 1996

CERTIFICATE EXPIRES

4125 E. LA PALMA AVENUE, SUITE 300  
ANAHEIM, CALIFORNIA 92807

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Thomas Takushi Date: 6/14/96

Signature: Thomas T. Takushi SS Number: 575-78-0385

CST Employee Signature: 

## RESPIRATOR FIT TEST RECORD

Test Subject: Thomas TakushiDate of test: 6/14/91

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: Thomas T. TakushiTest Conductor: [Signature]

1012



GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

# TYPE OF EXAMINATION

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify

TAKUSHI, THOMAS T    07/09/96  
SSN: 575-78-0385    DOR: 10/24/58  
EMP: CST ENVIRONMENTAL  
SRV: PD ASBESTOS  
26-07-09-37

Position	Date of Exam.
Location	Supervisor

EXAMINEE'S NAME

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- |  |  |
|--|--|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses   |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)   |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime   |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending   |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins  |
| <input type="checkbox"/> No work with chemicals or irritants                         |  |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify                   | <input type="checkbox"/> Not to work at a specific job or area   |
|  |  |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor<br><input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck |
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

7-11-96

EXAMINER

Signature

M.D.

GM088901



# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

THOMAS TOSHIO TAKASHI

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

7-9-96

DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

[Signature]

EMPLOYEE SIGNATURE

[Signature]

SIGNATURE OF EXAMINING DOCTOR

8567 HOLLY WAY BARBARA PARK 90620

ADDRESS

# Certificate of Attendance

CERTIFICATE NUMBER

9031

Eco)logics Lehr

Environmental Services  
and Training Institute

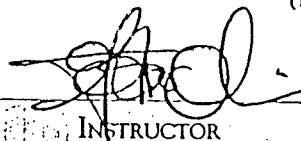
This is to Certify that

MANUEL P. TORRES SS# 604-26-9398

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

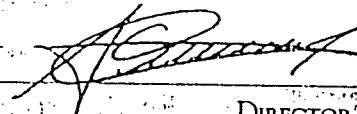


GUSTAVO OLIVAR

INSTRUCTOR

July 20, 1996

COMPLETION DATE



ARMANDO DUCOING

DIRECTOR

July 20, 1997

CERTIFICATE EXPIRES

E072096AWR

CLASS NUMBER

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.
2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.
3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.
4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.
5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.
7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: MANUEL P. TORRES Date: 7/24/96

Signature:  SS Number: 604-26-9398

CST Employee Signature: 



CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177

2100 East Via Burton Street  
Anaheim, CA 92806

714/991-8300 FAX 714/991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Manuel Torres Rios

Date of test: 7/24/96

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: MANUEL P. TORRES

Test Conductor: [Signature]

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford



# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☐ Other \_\_\_\_\_  
Specify

Co: CST Environmental	Position	Date of Exam 7/26/96
	Location	Supervisor
EXAMINEE'S NAME Tones, Manuel P.	Social Security No.	

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- |  |  |
|--|--|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses   |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)   |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime   |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending   |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins  |
| <input type="checkbox"/> No work with chemicals or irritants                         |  |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify                   | <input type="checkbox"/> Not to work at a specific job or area   |
|  |  |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor<br><input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck |
3. ☐ Decision deferred. The examination indicated that additional information is necessary.
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE 7.29.96 EXAMINER [Signature] M.D.

Signature

GM088901

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Manuel R. Torres

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

7.26.96

DATE OF EXAMINATION

Greasy Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

4.8.96

SIGNATURE

Leon Aranda

SIGNATURE OF EXAMINING DOCTOR

2280 maine street. 908062

ADDRESS

Long Beach



THE ENVIRONMENTAL GROUP

TRAINING DIVISION

# Certificate of Training

*Sergio Torres*

SS N6658-09 B1343

for the successful completion  
of

AHERA ASBESTOS ABATEMENT  
WORKER 32-HOUR COURSE

Date: May 23, 1996

TORFIRIO MEDINA, JR.

Instructor #A6T0304

1710, South Eastern Avenue, Los Angeles, California, 90040 / (213) 776-5696

In Accordance with LAC Title 33 Part 11 SDX  
Exhibit One Year from Date of Issue

Torres, Sergio

Signature Not Required

MICHAEL JOHNSTON

Instructor #A6T0302

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Paul Sergio Lopez Date: 7/22/96

Signature: [Signature] SS Number: 659-09-9234

CST Employee Signature: Paul Sergio Lopez





CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177

2100 East Via Burton Street  
Anaheim, CA 92806

714/991-8300 FAX 714/991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: SERGIO TORRES

Date of test: 7/22/90

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)



North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR.1529, Appendix C.

Test Subject: Paul Rozamir

Test Conductor: Paul Rozamir

Los Angeles • San Francisco • New York • Houston • Las Vegas • Salt Lake City • Boston • Hartford

# The Environmental Group

## MEDICAL SURVEILLANCE EXAMINATION FOR ASBESTOS WORKERS / RESPIRATOR USERS

Name: SERGIO TORRES

Examination Date: 5-15-96

Sex: ☒ Male ☐ Female

Age: 28 yrs.

- |  |  |                                   |
|--|--|-----------------------------------|
| 1. ASBESTOS MEDICAL HISTORY  | <input checked="" type="checkbox"/> Normal                                   | <input type="checkbox"/> Abnormal |
| 2. PHYSICAL EXAMINATION  | <input checked="" type="checkbox"/> Normal                                   | <input type="checkbox"/> Abnormal |
| 3. VISION [Corrected] (20/40 or better)                              | <input checked="" type="checkbox"/> Normal                                   | <input type="checkbox"/> Abnormal |
| 4. SPIROMETRY (PFT): FVC: <u>122%</u> FEV <sub>1</sub> : <u>103%</u> | <input type="checkbox"/> Normal  | <input type="checkbox"/> Abnormal |
| 5. CHEST RADIOGRAPH / B-READER (Report attached)                     | <input type="checkbox"/> Normal  | <input type="checkbox"/> Abnormal |
| 6. URINALYSIS (Dipstick)   | <input checked="" type="checkbox"/> Normal                                   | <input type="checkbox"/> Abnormal |
| 7. STOOL HEMOCULT  | <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |

### DISCUSSION OF ABNORMAL RESULTS

Item #	Condition Noted	Recommendation

### CERTIFICATION FOR THE USE OF RESPIRATORS

(Per CFR 29-1910.134)

- ☒ Medically qualified for the use of both positive and negative pressure respirators.
- ☐ Medically qualified for the use of only positive pressure respirators. (Pos./Supplied air only)
- ☐ Not medically qualified for the use of respirators. Use: \_\_\_\_\_

### MEDICAL STATUS FOR WORK EXPOSED TO ASBESTOS

- ☒ No medical condition was found that would place the aforementioned employee at an increased risk of material health impairment due to asbestos exposure.
- ☐ Based on the medical condition(s) discussed above, the employee is restricted from working as follows:

1. \_\_\_\_\_

2. \_\_\_\_\_

Examiner: [Signature]

Date: 5-15-96

TEG

THE ENVIRONMENTAL GROUP

4710 South Eastern Avenue

City of Commerce, CA 90040

(213) 726-9696 / fax (213) 726-9797

(800) 458-0432

## QUALITATIVE FIT TESTING AND ISSUANCE OF RESPIRATOR

NAME OF PERSON TESTED: TORRES, SERGIO #9162

SOCIAL SECURITY #: 659-09-8434

MAKE, MODEL OF REPIRATOR SURVIVE AIR PAPR 5200-00

TYPE OF CARTRIDGE:

☒ HEPA ☐ CHARCOAL FILTER ☐ COMBINATION ☐ OTHER

### DESCRIPTION OF TEST:

- 1) Respirator is donned and straps adjusted
- 2) Visual check is made to ensure tight fit around facial contours
- 3) Exhalation/inhalation and simulated mouth movements tests are performed
- 4) Irritant smoke is used to check fit. Proper fit is obtained if subject is not made to cough by smoke plume

I acknowledge that I have been issued the above type of respirator after successfully completing the qualitative fit testing. I agree to maintain and field check the respirator as instructed. Upon my termination of employment at TEG, I further agree to return the respirator in good condition, excluding normal wear and tear. In addition, should I lose the respirator, I agree to pay for the replacement respirator.

*[Signature]*  
Signature of Person Tested

Date: 5/22/96

*[Signature]*  
Signature of Testing Operator

Date: 5/22/96

☒ Original issuance ☐ Temporary issuance  
☐ 6-Month re-issuance ☐ Lost respirator

# Certificate of Attendance

CERTIFICATE NUMBER

7505

Eco)logics Lehr

Environmental Services  
and Training Institute

This is to Certify that

OSCAR VEGA SS # 621-09-6574

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

 JOHN VREELAND

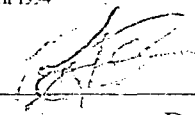
INSTRUCTOR

January 20, 1996

COMPLETION DATE

E012096AWR

CLASS NUMBER

 ARMANDO DUCOING

DIRECTOR

January 20, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

# Certificate of Attendance

CERTIFICATE NUMBER

**9380**

Eco)logics Lehr

Environmental Services  
and Training Institute

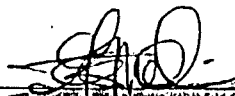
*This is to Certify that*

**OSCAR VEGA SS # 621-09-6574**

*Has Completed the Course of*

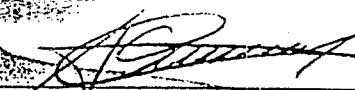
**LEAD BASED PAINT ABATEMENT WORKER 8 HR. REFRESHER COURSE**

EPA/HUD Approved under 29 CFR 1910.1025 and title XLB.P.P.A. Not a California DHS Accredited.



GUSTAVO OLIVAR

INSTRUCTOR



ARMANDO DUCOING

DIRECTOR

**September 01, 1996**

COMPLETION DATE

**E090196LWR**

CLASS NUMBER

**September 01, 1997**

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

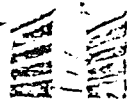
6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: OSCAR VEGA Date: 07/16/96

Signature: OSCAR VEGA SS Number: 621-69-6574

CST Employee Signature: [Signature]



CST ENVIRONMENTAL, INC

Contractor License #549566  
DOSH #177  
2100 East Via Burton Street  
Anaheim, CA 92806  
714/991-8300 FAX 714/991-8226

## RESPIRATOR FIT TEST RECORD

Test Subject: Oscar Vega

Date of test: 07/16/94

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒ North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL MEDIUM LARGE

☐ 3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐ 3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☒ MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM LARGE

☒ RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for qualitative fit tests as defined in T8CCR 1529, Appendix C.

Test Subject: X Oscar Vega

Test Conductor: [Signature]

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# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

**GREANEY MEDICAL GROUP**

OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

- ☐ Post-Offer Placement    ☐ Special Occupational  
☐ Routine Periodic    ☒ Other PO  
Specify

CO: CST Environmental	Position	Date of Exam
	Location	Supervisor
EXAMINEE'S NAME Escar Vega	Social Security No.	

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

### STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
- |  |  |
|--|--|
| <input type="checkbox"/> Cannot perform an essential function (s)                    | <input type="checkbox"/> Must wear corrective lenses   |
| <input type="checkbox"/> Work sitting only   | <input type="checkbox"/> Day work only (no shift work)   |
| <input type="checkbox"/> Not to lift over _____ pounds                               | <input type="checkbox"/> No overtime   |
| <input type="checkbox"/> No work requiring filter type respiratory protective device | <input type="checkbox"/> No repeated bending   |
| <input type="checkbox"/> No work in confined spaces                                  | <input type="checkbox"/> Not to work with volatile organic compounds, solvents, or hepatotoxins  |
| <input type="checkbox"/> No work with chemicals or irritants                         |  |
| <input type="checkbox"/> Suggested accommodations _____<br>Specify                   | <input type="checkbox"/> Not to work at a specific job or area   |
|  |  |
| <input type="checkbox"/> Can not perform marginal functions                          | <input type="checkbox"/> Not to operate: <input type="checkbox"/> Forklift <input type="checkbox"/> Tow Motor<br><input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Truck |
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE 7.17.96 EXAMINER [Signature] M.D.

Signature

GM088901



**MEDICAL EXAMINER'S CERTIFICATE**

*I certify that I have examined*

Vega, Oscar

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

7-16-87  
DATE OF EXAMINATION

Greaney Med. Group

NAME OF EXAMINING DOCTOR (PRINT)

Oscar Vega  
SIGNATURE

[Signature]  
SIGNATURE OF EXAMINING DOCTOR

164 W. Hill Ave  
Anaheim CA 92805  
ADDRESS

# Certificate of Attendance

CERTIFICATE NUMBER

8487

Eco)logics Lehr

Environmental Services  
and Training Institute

This is to Certify that  
RUBEN VEGA SS # 573-77-5733

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 205 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994



ARMANDO DUCONG

INSTRUCTOR

April 13, 1996

COMPLETION DATE

E041396AWR

CLASS NUMBER



ARMANDO DUCONG

DIRECTOR

April 13, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

## CERTIFICADO PARA LIBERAR AL PROPIETARIO DE TODA RESPONSABILIDAD

En consideración a mi trabajo CST Environmental, Inc. (nombre del contratista) El que al final firma la presente estoy de acuerdo y en conocimiento de los puntos que siguen:

1. Yo se y comprendo que he sido empleado por esta compañía y que mi trabajo esta relacionado con limpiar, embolsar y tratar con material que contiene asbestos y areas de trabajo contaminadas con asbestos, y yo he sido advertido que es peligroso respirar el polvo de asbestos, incluyendo, pero no limitado a QUE ASBESTOS PUEDE CAUSAR "ASBESTOSIS" Y ES CONOCIDO COMO AGENTE CARCINOGENO Y PUEDE CAUSAR VARIOS TIPOS DE CANCER, Y YO ESTOY EN CONOCIMIENTO DE QUE CRECE EL RIESGO DE CONTRAER CANCER DEL PULMON ASOCIADO CON FUMAR Y TRABAJAR EN ASBESTOS.
2. Yo he tenido instrucciones y entrenamiento en metodos en remover asbestos, Controlar personal, vigilancia medica, medidas de control asbestos fibras, uso respirador, uso de ropa protectora, procedimientos de descontaminación, procedimientos emergencia, OSHA y EPA regulaciones, y yo entiendo las instrucciones mencionadas.
3. Yo se y comprendo que CUALQUIER CONTRATO CON ASBESTOS, AUN QUE NO SE VEA, PUEDE CAUSAR ASBESTOSIS Y VARIAS FORMAS DE CANCER, QUE QUIZAS NO APAREZCAN EN MUCHOS AÑOS. Y yo estoy de acuerdo en tomar toda clase de precauciones requeridas por me durante el curso de mi trabajo en las areas de trabajo de los proyectos enlistados al principio, incluyendo, sin limitación, todas las precauciones requeridas por cualquier agencia publica de la Ciudad o del Estado.
4. Yo sabiendo todo esto, asumo el riesgo en conexión con el trabajo con asbestos y YO acepto, por me y yo mismo y estoy de acuerdo y convengo en no hacer o traer ninguna demanda judicialmente o particular, a los dueños o representantes o consultantes empleados por estos contratistas, al igual que sus directores, oficiales y agentes y sucesores los libero de toda responsabilidad acerca de cualquier daño que yo pueda sufrir en el trabajo con asbestos, así sea por negligencia mia o mis companeros de trabajo, exceptuando los derechos que pudiera tener bajo la ley de compensación al trabajador si fue lastimado en el trabajo. Este convenio de no demandar y quitar toda responsabilidad no se aplica, si alguien fraudulentamente o intencionalmente lastima alguna persona o propiedad de alguien o viola alguna ley ya establecida en Código Civil sección 1663. Yo acepto renunciar a toda clase de demanda de cualquier naturales, que yo haga o hiciera en el futuro, Directa o indirectamente relacionada con el trato y el trabajo con asbestos, o material que contenga asbestos.
5. Cualquier parte de este convenio si llegara a alguna Corte Judicial sera sin valor alguno, y los terminos usados aqui seran enforzados y las condiciones de este acuerdo conservavaran toda su fuerza como se ha aceptado. Este acuerdo esta de acuerdo con la ley del Estado de California.
6. Yo acepto que no he sido desahilitado, descansado, o compensado por algun daño sufrido con el trato de asbestos o por mi salud dañada por los asbestos, y por razones de salud relacionadas con los asbestos, por la que no debo de ser empleado.
7. Yo acepto que no tengo pre-existentes condiciones que me excluyan de realizar el trabajo requerido.

Nombre: RUBEN VEGA

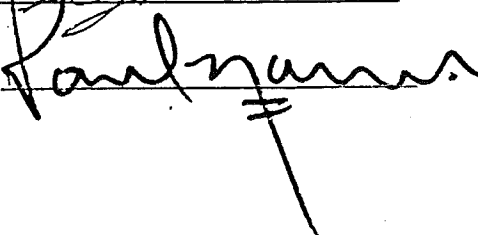
Fecha: 6/27/90

Firma:



Numero del Seguro Social: 573-77-5733

CST Employee Firma:



## CONTROL DE LA PRUEBA DE RESPIRADOR

Objeto de la Prueba: RUBEN VEGA

Fecha de la Prueba: 6/27/96

Clase de Humo Usado: Humo Irritante

Respirator Selected: (Circle size of selection)

☒ Norte 7700 Series 1/2 Respirador 2 Filtros Media Cara  
Approval No. TC-21C-152  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7200 Respirador 2 Filtros Media Cara  
Approval No. TC-23C-1118  
Tamaño Disponible- CHICO, MEDIANO, GRANDE

☐ 3M 7800 Respirador 2 Filtros Cara Completa  
Approval No. TC-23C-1117  
Tamaño Disponible- MEDIANO

☒ MSA Powered Air Purifying Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO, GRANDE

☐ RACAL Respirador Purificador de Aire  
Approval No. TC-21C-496  
Tamaño Disponible- MEDIANO

Yo certifico que las pruebas de respiracion arriba indicadas han sido hechas de acuerdo con los requerimientos de la prueba de respirador conforme a la definicion del articulo T8CCR-1529, Appendice C.

Objeto de la Prueba: Ruben Vega

Test Conductor: Paul Ramirez



GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

EXAMINEE'S NAME

VEGA, RUBEN  
SSN: 523-77-5733  
EMP: CST ENVIRONMENTAL  
SRV: PO

04/11/96  
DOB: 06/24/73

Position

Date of Exam

Location

Supervisor

26-04-11-78

Social Security No.

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area
  - ☐ Not to operate: ☐ Forklift ☐ Tow Mo
  - ☐ Passenger Vehicle ☐ Tru
3. ☐ Decision deferred. The examination indicated that additional information is necessary.

DATE

4-16-96

EXAMINER

Signature

GM061

# MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Vega Ruben

NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

4-11-96  
DATE OF EXAMINATION

Greaney Med. Group  
NAME OF EXAMINING DOCTOR (PRINT)

[Signature]  
SIGNATURE

[Signature]  
SIGNATURE OF EXAMINING DOCTOR

1805 HERNDON LN. WEST COVINA, CA 91792  
ADDRESS

# Certificate of Attendance

CERTIFICATE NUMBER

8027

Eco)logics Lehr

Environmental Services  
and Training Institute

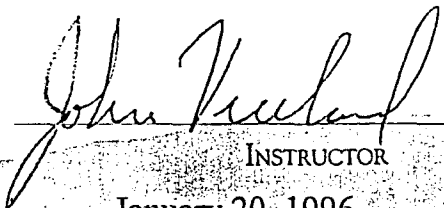
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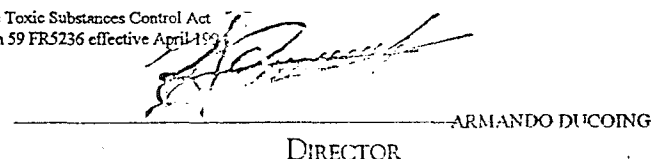
DOMINGO VELASCO M. SS # 620-16-8653

*Has Completed the Course of*

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE

For purposes of accreditation under section 206 of the Toxic Substances Control Act (TSCA) and compliance with AMAP in accordance with 59 FR5236 effective April 1994

  
JOHN VREELAND  
INSTRUCTOR

  
ARMANDO DU'COING  
DIRECTOR

January 20, 1996

COMPLETION DATE

E012096AWR

CLASS NUMBER

January 20, 1997

CERTIFICATE EXPIRES

4155 E. LA PALMA AVENUE, SUITE 500  
ANAHEIM, CALIFORNIA 92807  
PH: (714) 528-0000 FAX: (714) 524-2471

# CST ENVIRONMENTAL, INC

## WORKER TRAINING ACKNOWLEDGEMENT STATEMENT

In consideration of my employment by CST Environmental, Inc. the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos, or other work in asbestos-contaminated work area, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing dust, including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN, THEREFORE, CAUSE VARIOUS TYPES OF CANCER, AND I AM AWARE OF THE INCREASED RISK OF CONTRACTING LUNG CANCER ASSOCIATED WITH SMOKING AND ASBESTOS EXPOSURE.**

2. I have had instruction and training in asbestos abatement methods, personnel monitoring, medical surveillance, asbestos fiber control measures, respirator use, protective clothing use, decontamination procedures, emergency procedures, OSHA and EPA regulations, and I understand the above instruction.

3. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MY NOT SHOW UP FOR MANY YEARS, AND I** covenant and agree faithfully to take all precautions required of me during the course of my employment services at the Project Site including all precautions required by any public agency.

4. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge the Owner, Owner's Representative, Abatement Observation Service, Testing Laboratory or consultants employed by the aforesaid, and all of their directors, officers, agents, employees, nominees, personal representatives, affiliates, successors and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable worker's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature which I now have or claim to have which are in any way, directly or indirectly, related to exposure to asbestos or working with asbestos and asbestos-containing materials.

5. Should any portion of this agreement be found in a court of competent jurisdiction to be valid, the remaining terms and conditions shall be in full force and effect. This agreement is entered pursuant to California Law.

6. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise, because of asbestos-related diseases, and I know of no health-related reasons why I should not be employed.

7. I hereby warrant that I have no pre-existing condition that should preclude me from performing the work required.

Name: Domingo Velasco

Date: 9/12/96

Signature: Domingo Velasco

SS Number: 620-16-8653

CST Employee Signature: 

forms:worker.ack



# CST ENVIRONMENTAL, INC

## RESPIRATOR FIT TEST RECORD

Name:

Domingo Velasco

Testing Agent: Irritant Smoke

Respirator Selected: (Circle size of selection)

☒

North 7700 Series 1/2 Face Dual Cartridge Respirator,  
Approval No. TC-21C-152  
Sizes Available: SMALL, MEDIUM, LARGE

☐

3M 7200 Dual Cartridge 1/2 Face Respirator  
Approval No. TC-23C-1118  
Sizes Available: SMALL, MEDIUM, LARGE

☐

3M 7800 Dual Cartridge Full Face Respirator  
Approval No. TC-23C-1117  
Sizes Available: MEDIUM

☐

MSA Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM, LARGE

☒

RACAL Powered Air Purifying Respirator  
Approval No. TC-21C-496  
Sizes Available: MEDIUM

I certify that the above test subject has been provided all the requirements for  
qualitative fit tests as defined in T8CCR 1529, Appendix C.

Employee Signature:

Domingo Velasco

Test Conductor:

[Signature]

Date of test:

9/12/96

forms:fitest



GREANEY MEDICAL GROUP  
OCCUPATIONAL MEDICINE  
ENVIRONMENTAL HEALTH  
TOXICOLOGY

# HEALTH STATUS REPORT

## TYPE OF EXAMINATION

- ☐ Post-Offer Placement ☐ Special Occupational  
☐ Routine Periodic ☐ Other \_\_\_\_\_  
Specify \_\_\_\_\_

Position	Date of Exam
Location	Supervisor
Social Security No.	

EXAMINEE'S NAME \_\_\_\_\_

The following recommendation is based on a review of base history questionnaire, diagnostic tests, physical examination and the essential functions of the position applied for or occupied by the individual named above.

## STATUS

1. ☒ The examination indicates no significant medical impairment, can be assigned any work consistent with skills and training.
2. ☐ The examination indicates that a medical impairment currently exists that limits work assignments
  - ☐ Cannot perform an essential function (s)
  - ☐ Work sitting only
  - ☐ Not to lift over \_\_\_\_\_ pounds
  - ☐ No work requiring filter type respiratory protective device
  - ☐ No work in confined spaces
  - ☐ No work with chemicals or irritants
  - ☐ Suggested accommodations \_\_\_\_\_  
Specify \_\_\_\_\_
  - ☐ Can not perform marginal functions
  - ☐ Must wear corrective lenses
  - ☐ Day work only (no shift work)
  - ☐ No overtime
  - ☐ No repeated bending
  - ☐ Not to work with volatile organic compounds, solvents, or hepatotoxins
  - ☐ Not to work at a specific job or area \_\_\_\_\_
  - ☐ Not to operate: ☐ Forklift ☐ Tow Motor ☐ Passenger Vehicle ☐ Truck
3. ☐ Decision deferred. The examination indicated that additional information is necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE 2-15-96 EXAMINER [Signature] M.D. [Signature]  
Signature

GM000901

MEDICAL EXAMINER'S CERTIFICATE

*I certify that I have examined*

Domingo Vilasco  
NAME (PRINT)

IN ACCORDANCE WITH OSHA REGULATIONS WE FIND HIM  
QUALIFIED UNDER THE REGULATIONS TO WEAR  
RESPIRATORY PROTECTIVE EQUIPMENT.

A COMPLETED EXAMINATION FORM FOR THIS PERSON IS ON  
FILE IN MY OFFICE AT 1103 S. ANAHEIM BOULEVARD.

2-13-96  
DATE OF EXAMINATION

Domingo Vilasco  
SIGNATURE

Greaney Med. Group  
NAME OF EXAMINING DOCTOR (PRINT)

[Signature]  
SIGNATURE OF EXAMINING DOCTOR

5323 Leimert Blvd. #2 Los Angeles  
ADDRESS (City, State, Zip)



# Training/Medical Surveillance

## **TRAINING/MEDICAL SURVEILLANCE**

We at CST care for the well being and safety of our employees and clients. Our employees are provided with the required training and the latest state-of-the-art ANSI approved equipment is supplied to them to perform their work in a safe and productive manner.

### **MEDICAL MONITORING**

CST provides free medical examinations to all employees required to wear a negative pressure respirator, or those assigned to an area with exposure above the action level for 30 or more days per year. Examinations are provided within 10 days of the 30th days of exposure, and at least annually thereafter. Examinations include a standardized history form, a pulmonary function test and other tests that the physician feels are required.

CST will give the physician a copy of the OSHA standard information about the employees exposure, duties and respirator use, plus any previous medical examination information.

CST will keep records on any historical data used for exemptions from monitoring, medical examinations, exposure measurements and employee training. These records are available to the employee or their representative. Medical records shall require written consent for release.

### **WORKER TRAINING PROGRAMS**

All employees that are working in asbestos abatement operations as well as key personnel in Operations, Sales, Marketing and Administration attend EPA accredited courses on "Practices and Procedures for Asbestos Control". They are informed of the dangers inherent in handling asbestos, in the proper work procedures, and the proper use of protective measures. Training includes information on the following topics:

- I. Identification of Asbestos
  - A. Common uses and applications of asbestos containing products
  - B. Physical characteristics of asbestos fibers
  - C. Exposure potential
    - 1. Friability
    - 2. Accessibility
- II. Health Effects of Asbestos
  - A. Description of diseases
    - 1. Asbestosis
    - 2. Mesothelioma
    - 3. Cancers of the lung and gastrointestinal organs
  - B. Description of the respiratory system
  - C. Dose response relationship; latency period
  - D. Association of asbestos exposure to smoking and lung cancer
- III. Personal Protective Equipment
  - A. Types of respirators
  - B. Selections; limitations of use
  - C. Personal protective clothing
    - 1. Non-slip foot wear
    - 2. Gloves
    - 3. Hard hats
    - 4. Eye protection
- IV. Medical Surveillance Program
  - A. OSHA requirements
  - B. Physical examinations
  - C. Respiratory history
  - D. Pulmonary function test
  - E. Chest x-ray
  - F. Employee access to records

V. Air Monitoring Program

- A. Cal/OSHA requirements and purposes
- B. Monitoring frequency
- C. Monitoring methods
- D. Record keeping
- E. Employee access to records

VI. Housekeeping and Personal Hygiene

- A. Decontamination facility
- B. Entry and exit procedures
- C. Use of showers
- D. Eating, drinking, smoking, gum chewing in the work area
- E. Family exposure, storage of street clothes

VII. Respiratory Protection

- A. Personal protective devices vs. engineering controls
- B. medical and environmental conditions precluding use
- C. Proper selection, inspection, donning, use, maintenance and storage procedures
- D. Methods for field testing face piece to face seal
- E. Qualitative and quantitative fit test procedures
- F. Factors that alter respiratory fit
- G. Components of a respiratory protection program
- H. Video tape respiratory-air purifying respirators by industrial training systems corporation
- I. Fit testing using saccharin solution aerosol protocol with 3M-FT10 qualitative fit test apparatus



VIII. State of the Art Work Procedures

- A. Pework practices and assessment of site hazards not related to asbestos
- B. Construction of barriers
- C. Decontamination enclosure systems
- D. Posting of warning signs
- E. Electrical and HVAC systems
- F. Use of amended water and surfactants
- G. Use of negative pressure HEPA filter units
- H. Use of HEPA vacuums
- I. Proper clean-up of tools and equipment
- J. Waste disposal procedures
- K. Glove bagging
- L. Pipe repair
- M. Clean-up of tools and equipment
- N. Emergency procedures

IX. Review of 29 CFR 1926.58 and 8 CAC 5208

- A. Applicability to all construction work
- B. Definitions
- C. Requirement for asbestos removal
- D. Requirements for monitoring
- E. Engineering controls and work practices
- F. Respiratory protection
- G. Personal hygiene facilities and practices
- H. Employee information and training
- I. Medical surveillance
- J. Sampling procedures
- K. Fit test procedures

X

# Respiratory Program

## CST RESPIRATORY PROGRAM

### HOW ASBESTOS IS USED

Scientists and physicians generally agree that asbestos fibers cause human diseases. Research has proven that exposure to asbestos can cause cancers of the lung, stomach, rectum, intestines, and the linings of the lungs and inner abdominal wall. Asbestos enters the body when a person breathes or swallows airborne dust bearing microscopic asbestos fibers. When all feasible means of preventing asbestos fibers from becoming airborne are inadequate, the primary additional means of protecting people who must enter an asbestos-contaminated area to work is the use of respirators.

In the past, asbestos was widely used in surfacing and insulating materials, and in a variety of other products (such as ceiling and floor tile and wallboard) used to construct buildings. The effort to abate asbestos and asbestos-containing materials (ACM) from buildings has resulted in a rapidly growing asbestos abatement industry.

### HEALTH EFFECTS ASSOCIATED WITH ASBESTOS EXPOSURE

The adverse health effects associated with asbestos exposure have been extensively studied for many years. Results of these studies and epidemiologic investigations have demonstrated that inhalation of asbestos fibers may lead to increased risk of developing one or more diseases. Exactly why some people develop these diseases and others do not remains a mystery. In this discussion, each of the major diseases associated with asbestos will be examined, along with the risk and how that risk can be minimized.

It is important to recognize that the majority of people who have developed a disease as a result of asbestos exposure were asbestos workers. These workers were frequently exposed to high concentrations of asbestos fibers each working day with little or no protection. The asbestos abatement worker of today follows specific work practices and wears appropriate protection, including respirators, to minimize the risk of exposure.

## THE RESPIRATORY SYSTEM

The primary health effects of asbestos are due to inhalation of asbestos fibers. A brief discussion of the respiratory system will help in understanding these effects. As air is breathed into the body, it passes through the mouth and nose into the windpipe or trachea. The trachea splits into two smaller airways called the bronchi. Each bronchus divides into smaller and smaller tubes which terminate into air sacs called alveoli. In these air sacs, oxygen is absorbed into the small blood vessels and waste gases such as carbon dioxide pass out of the blood.

The lung itself is divided into two halves and sits in the pleural cavity. This cavity and the outside of the lung itself have a Saran-wrap type lining. The pleural cavity and lung linings are in contact with each other and are very moist. Just like two panes of glass with a drop of water between them, these linings slide easily across each other, but are very difficult to pull apart. Accordingly, as the chest cavity expands, the lungs expand and air rushes in. If these linings (mesothelia) were to become damaged, inhalation could not occur properly.

The body has several mechanisms by which it "filters" the air it breathes. First, very large particles are removed in the nose and mouth. Many smaller particles impact on the mucous-coated walls of the airways and are caught. These airways have a hair-like lining (ciliated cells) which constantly beat upward. Accordingly, particles caught in the mucous are swept up into the back of the mouth. From here they are swallowed or expelled. Cigarette smoking temporarily paralyzes these ciliated cells, inhibiting one of the body's natural defenses against unwanted dust. As the smoker sleeps, the hair-like cells start working again and carry large amounts of mucous into the back of the mouth. This causes the so-called "smoker's hack" in the morning. After the first cigarette or two, the cleansing mechanism is paralyzed again and the coughing stops. It should now be evident why cigarette smokers who are exposed to asbestos appear to be at greater risk. Other reasons will also be discussed later in this section.

Even with the above-mentioned natural defenses of the body, some dust particles inevitably reach the tiny air sacs. When this occurs, large cells (called macrophages) attempt to engulf the particle and "digest" it. For this reason, they are sometimes called the lung's garbage collectors. However, because asbestos is a mineral fiber, the macrophages are often not successful. In a secondary defense mechanism, these cells deposit a coating on the fibers that are inhaled and much scar tissue is formed; a condition then develops known as asbestosis.

### ASBESTOSIS

Asbestosis is a disease characterized by fibrotic scarring of the lung. It is a restrictive lung disease which reduces the capacity of the lung. The common symptom is shortness of breath. Asbestosis is prevalent among workers who have been exposed to large doses of asbestos fibers over a long period of time. Accordingly, there is a clear dose-response relationship between asbestos exposure and development of this disease. This means that the greater the asbestos exposure, the more likely asbestosis will develop. All forms of asbestos have demonstrated the ability to cause asbestosis. Like all diseases associated with asbestos exposure, it may take many years for the disease to develop. The typical latency period for asbestosis is 15 - 30 years. An asbestos abatement worker using work practices and protective equipment described in this manual will have a much smaller likelihood of developing asbestosis as a result of his or her work.

### LUNG CANCER

There are many causes of lung cancer, of which asbestos is only one. While employees exposed to industrial concentrations of asbestos in years past have an increased risk of getting lung cancer (5X) their risk is not as great as the cigarette smoke (10X). These two factors operate together, and a cigarette smoker who also works with asbestos is more than 50 times more likely to contract lung cancer than the normal population. Like asbestosis, there exists a long lag time between initial exposure and the occurrence of lung cancer, typi-

cally 20 - 30 years. There appears to be a dose-response relationship between asbestos exposure

and lung cancer, although no "safe level" has yet been determined. Again, these figures relate to past industrial situations where workers wore little or no protective equipment. Proper protection and work practices will substantially lessen the risk of abatement workers getting lung cancer due to asbestos.

### MESOTHELIOMA

The asbestos-associated disease of greatest concern in asbestos abatement is probably mesothelioma. Fortunately, it is also the rarest. Although exposure to asbestos has been strongly associated with most cases of mesothelioma, some cases may occur without asbestos exposure. Mesothelioma is a cancer of the chest cavity lining (mesothelium). Mesothelioma can also occur in the lining of the abdominal cavity. If it occurs in the chest cavity, it is called pleural mesothelioma. In the abdominal cavity, it is known as peritoneal mesothelioma. This type of cancer spreads very rapidly and is always fatal. The exact cause remains unknown. There does not appear to be any increased risk of mesothelioma for smokers and there does not appear to be a dose-response relationship between asbestos exposure and mesothelioma. Cases have been recorded where the person's asbestos exposure has been limited, such as Steve McQueen, the actor. Like the other diseases of asbestos, mesothelioma takes 30 - 40 years after initial exposure, if it occurs.

### OTHER DISEASES

Several other diseases are found more often among persons exposed to asbestos than the normal population. These include cancer of the esophagus, stomach, colon, and pancreas, pleural plaques, pleural thickening, and pleural effusion. The incidence of these health effects is much less than lung cancer. Again, the importance of using the proper work practices and protective equipment cannot be overemphasized to minimize the occurrence of these diseases due to unnecessary asbestos exposure.

## ADMINISTRATION OF RESPIRATORY PROGRAM

Thomas Moore will be the Program Administrator for all CST's Branch operations. He will be responsible for making sure that all workers are properly fit tested with an appropriately sized respirator, that the respirators are maintained, and that each individual assigned to wear a respirator is medically monitored in accordance with OSHA standard 29 CFR 1926.58 and CAL/OSHA standard 8 CAC 5208.

## PROGRAM ADMINISTRATORS RESPONSIBILITIES

Records of worker's exposure, medical data, and air monitoring results will be kept a minimum of 30 years.

## MEDICAL MONITORING

\*\*\*Free medical exams are provided to all employees required to wear a negative-pressure respirator, within 30 days of employment and once annually after that, and after termination. Exams must include a standardized history form, pulmonary function tests, chest x-rays, and other tests the physician feels are necessary.

\*\*\*Employers must give the physician and B-reader a copy of the OSHA standard, information about the employee's exposure, duties, respirator use, and previous medical exams. The physician's opinion must be confined solely to medical conditions that may limit ability to work. X-Rays must be read by a B-reader. A copy must be provided to the employee within 30 days after receipt.

\*\*\*The employer must keep records on any historical data used for exemptions from monitoring (as long as relied on), exposure measurements (30 - years), medical examinations (30 years after employment), employee training (1 year after employment). Records are available to employees and their representatives. Medical records require written consent for release.

## PERMISSIBLE EXPOSURE LIMIT

\* Permissible exposure limit (PEL) of 200.00 fibers/cubic meter (0.2 fibers/cc) average over an 8-hour day.

\* Action level, to trigger some protections at one-half the PEL or 100,000 fibers/cubic meter (0.1 fibers/cc).

\* Contractors must inform other employers on the site of their asbestos work.

\* Regulated areas must be set up to minimize the number of workers exposed whenever PEL may be exceeded. Activities in the area are strictly controlled.

\* Negative-pressure enclosures must be set up wherever feasible.

\* Competent person must supervise all activities and compliance.

\* Exposures must be monitored initially and daily on representative workers in each work area, unless historical data or periodic monitoring can demonstrate levels not exceeding the action level.

\* Employers must notify workers either individually or by posting of their exposures. Workers and their representatives have the right to observe monitoring.

\* Engineering controls (e.g. local exhaust, HEPA vacuums) and work practices (e.g. wet methods), must be used to control exposures as much as possible.

\* Employees cannot be rotated to reduce exposures.

\* Respirators must be provided as follows:  
-----half mask with HEPA filter up to 10 X PEL  
-----full-face mask with HEPA filters up to 50 X PEL  
-----powered air-purifying mask with HEPA filters or continuous supplied-air mask up to 100 X PEL

-----full-face supplied-air mask (pressure demand) up to 1000 X PEL

-----full-face supplied-air mask (pressure demand) with SCBA 1000 X PEL

\* Workers using half or full-face masks can request PAPR. Respirators must be fit-tested and documented to ensure proper fit using qualitative or quantitative fit-testing initially and every six months.

\* Protective clothing must be provided for exposures over the PEL. Proper laundering is required. Torn or ripped worksuits must be immediately mended or replaced.

\* Decontamination areas, clean rooms, and showers must be provided for exposures over the PEL, except for small-scale short-duration operations.

\* Lunch rooms and bathrooms with exposures below the Action Level must be provided wherever food is consumed on site.

\* Employees exposed above the Action Level must be trained at least once a year on the hazards of asbestos, their relationship to smoking, how to minimize exposure, the uses and limitations of respirators.

#### STANDARD OPERATING PROCEDURE:

##### RESPIRATOR DONNING FOR HALF MASK CARTRIDGE RESPIRATORS

###### Respirator Inspection - Before Each Use

1. Look for breaks or tears in the headband material. Also stretch to check the elasticity.

2. Make sure all headbands, fasteners and adjusters are in place and not bent.

3. Check the facepiece for dirt, cracks, tears or holes. The rubber should be flexible, not stiff.

4. Look at the shape of the facepiece for possible distortion that may occur if the respirator is not protected during storage.

5. Remove the exhalation valve cover to check the exhalation valve. Lift the valve and inspect the

seat and valve for cracks, tears, dirt and distortion. Replace the cover.

6. Check both of the inhalation valves for the same signs as in Step 5.

7. Inspect the cartridge holders to be sure they are clean. Make sure that the gaskets are in place and that the threads are not worn. Also look for cracks and other damage.

8. Clean or replace any dirty or defective parts before using the respirator.

###### Cartridge Installation

1. Select cartridges appropriate for asbestos exposure. These must be at a minimum, the high efficiency type.

2. Check the new cartridges for dents or damage especially to the bead around the bottom. Use only cartridges made by the respirator's manufacturer.

3. Screw the cartridges into the holders. Hand tighten so there is a good seal with the gasket in the bottom of the holder. Be sure not to cross-thread the cartridges.

###### Donning and Fit-Check

1. To put on the respirator, place the facepiece over the bridge of your nose and swing the bottom in so that your chin rests in the lower sealing surface.

2. Hold the respirator in place and fasten the top strap over the crown of your head.

3. Fit the respirator on your face and fasten the bottom strap around your neck. Do not twist the straps.

4. Adjust the length of the straps as needed being careful not to make them too tight, so that the respirator will not be intolerable to wear over extended periods of time.

5. To test the fit, remove the exhalation valve cover, lightly cover the exhalation valve with the palm of your hand. Exhale ..the mask should inflate against your face. If there is a leak, you will feel air on your face or hear it leaking. If there is a leak at this point, reposition the mask or adjust the straps and repeat the test. When no leakage is detected, replace the exhalation valve cover. This is the positive pressure fit check.

6. To perform a negative pressure fit check, cover the filter cartridges with the palms of your hands. Inhale . . . the face piece should collapse against your face. If there is a leak, reposition the facepiece or readjust the headbands and repeat the test. When no leakage is detected, you are ready to use the respirator.

7. Perform a positive and negative fit-check each time you put the respirator on.

## SACCHARIN SOLUTION AEROSOL PROTOCOL

### A. Respirator Selection

1. The test subject shall be allowed to pick the most comfortable respirator from a selection including respirators of various sizes from different manufacturers. The selection shall include at least five sizes of elastomeric half facepieces from at least two manufacturers.

2. The selection process shall be conducted in a room separate from the fit-test chamber to prevent odor fatigue. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine a "comfortable" respirator. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, as it is only a review.

3. The test subject should understand the employee is being asked to select the respirator which provides the most comfortable fit. Each respirator represents a different size and shape and, if fit properly and used properly will provide adequate protection.

4. The test subject holds each facepiece up to the face and eliminates those which obviously do not give a comfortable fit. Normally, selection will begin with a half-mask and if a good fit cannot be found, the subject will be asked to test the full facepiece respirators. (A small percentage of users will not be able to wear any half mask.)

5. The more comfortable facepieces are noted; the most comfortable mask is donned and worn at least five minutes to assess comfort. All

donning and adjustments of the facepiece shall be performed by the test subject without assistance from the test conductor or other person. Assistance in assessing comfort can be given by discussing the points in #6 below. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include reviewing the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

- \* Positioning of mask on nose.
- \* Room for eye protection.
- \* Room to talk.
- \* Positioning mask on face and cheeks.

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

- \* Chin properly placed.
- \* Strap tension.
- \* Fit across nose bridge
- \* Distance from nose to chin.
- \* Tendency to slip.
- \* Self-observation in mirror.

8. The test subject shall conduct the conventional negative and positive-pressure fit checks before conducting the negative or positive pressure test the subject shall be told to "seat" the mask by rapidly moving the head from side-to-side and up and down, while taking a few deep breaths.

9. The test subject is now ready for fit testing.

10. After passing the fit test, the test subject shall be questioned again regarding the comfort of the respirator. If it has become uncomfortable, another model of respirator shall be tried.

11. The employee shall be given the opportunity to select a different facepiece and be retested if the chosen facepiece becomes increasingly uncomfortable at any time.



## B. Taste Threshold Screening.

1. An enclosure about head and shoulders shall be used for threshold screening (to determine if the individual can taste saccharin) and for fit testing. The enclosure shall be approximately 12 inches in diameter by 14 inches tall with at least the front clear to allow free movement of the head when a respirator is worn.

2. The test enclosure shall have a three quarter inch hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.

3. The entire screening and testing procedure shall be explained to the test subject prior to conducting the screening test.

4. During the threshold screening test, the test subject shall don the test enclosure and breathe with open mouth with tongue extended.

5. Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.

6. The threshold check solution consists of 0.83 grams of sodium saccharin, USP in water. It can be prepared by putting 1cc of the test solution (see C 7 below) in 100 cc of water.

7. To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then is released and allowed to fully expand.

8. Ten squeezes of the nebulizer bulb are repeatedly rapidly and then the test subject is asked whether the saccharin can be tasted.

9. If the first response is negative, ten more squeezes of the nebulizer bulb are repeated rapidly and the test subject is again asked whether the saccharin can be tasted.

10. If the second response is negative ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin can be tasted.

11. The test conductor will take note of the number of squeezes required to elicit a taste response.

12. If the saccharin is not tasted after 30 squeezes (Step 10), the saccharin fit test cannot be performed on the test subject.

13. If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

14. Correct use of the nebulizer means that approximately 1 cc of liquid is used at a time in the nebulizer body.

15. The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least every four hours.

## C. Fit test.

1. The test subject shall don and adjust the respirator without the assistance from any person.

2. The fit test uses the same enclosure described in IIB above.

3. Each test subject shall wear the respirator for at least 10 minutes before starting the fit test.

4. The test subject shall don the enclosure while wearing the respirator selected in section IB above. This respirator shall be properly adjusted and equipped with a particulate filter.

5. The test subject may not eat, drink (except plain water), or chew gum for 15 minutes before the test.

6. A second DeVilbiss Model 40 Inhalation Medication Nebulizer is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.

7. The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 cc of warm water.

8. As before, the test subject shall breathe with mouth open and tongue extended.

9. The nebulizer is inserted into the hole in the front of the enclosure and the fit test solution is sprayed into the enclosure using the same technique as for the taste threshold screening and the same number of squeezes required to elicit a taste response in the screening (See B8 through B10 above.)

10. After generation of the aerosol read the following instructions to the test subject. The test subject shall perform the exercises for one minute each.

i. Breathe normally.

ii. Breathe deeply. Be certain breaths are deep and regular.

iii. Turn head all the way from one side to the other. Be certain movement is complete. Inhale on each side. Do not bump the respirator against the shoulders.

iv. Nod head up-and-down. Be certain motions are complete. Inhale when head is in the full up position (when looking toward the ceiling). Do not bump the respirator on the chest.

v. Talking. Talk aloud and slowly for several minutes. The following paragraph is called the Rainbow Passage. Reading it will result in a wide range of facial movements, and thus be useful to satisfy this requirement. Alternative passages which serve the same purpose may also be used.

vi. Jogging in place.

vii. Breathe normally.

## RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

11. At the beginning of each exercise, the aerosol concentration shall be replenished using one-half the number of squeezes as initially described in C9.

12. The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected.

13. If the saccharin is detected the fit is deemed unsatisfactory and a different respirator shall be tried.

14. At least two facepieces shall be selected by the IAA test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one which is more comfortable to wear.

15. Successful completion of the test protocol shall allow the use of the half mask tested respirator in contaminated atmospheres up to 10 times the PEL of asbestos. In other words this protocol may be used to assign protection factors no higher than ten.

16. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.

17. If hair growth or apparel interfere with a satisfactory fit, then they shall be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the test subject must use a positive-

pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

18. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician trained in respirator diseases or pulmonary medicine to determine whether the test subject can wear a respirator while performing her or his duties.

19. Qualitative fit testing shall be repeated at least every six months.

20. In addition, because the sealing of the respirator may be affected, qualitative fit testing shall be repeated immediately when the test subject has a:

- (1) Weight change of 20 pounds or more.
- (2) Significant facial scarring in the area of the facepiece seal.
- (3) Significant dental changes: i.e.; multiple extractions without prosthesis, or acquiring dentures.
- (4) Reconstructive or cosmetic surgery, or
- (5) Any other condition that may interfere with facepiece sealing.

#### D. Recordkeeping

A summary of all test results shall be maintained in each office for 3 years. The summary shall include:

- (1) Name of test subject.
- (2) Date of testing.
- (3) Name of test conductor.
- (4) Respirators selected (indicate manufacturer, model, size and approval number).
- (5) Testing agent.

## RESPIRATOR LIMITATIONS / WARNINGS

### Half-mask cartridge respirators with High Efficiency Particulate Cartridges

1. These respirators do not supply oxygen. They must not be used in atmosphere containing less than 19.5% oxygen.

2. These respirators are not to be used for firefighting. The high efficiency particulate cartridges do not filter out vapors.

3. These respirators are not to be used for protection against airborne concentrations of asbestos in excess of 2 fibers per cubic centimeter of air.

4. If breathing becomes difficult, while wearing the respirator or if dizziness or other symptoms occur, immediately leave the contaminated area and get to fresh air. Change the cartridges if breathing through them becomes difficult.

5. Do not attempt to clean used filter cartridges. Throw used cartridges away in approved waste bags.

### STANDARD OPERATING PROCEDURE: RESPIRATOR CLEANING AND STORAGE

1. Remove cartridges and cartridge holder gaskets that are not affixed to seats. Dispose of used cartridges; do not re-use.

2. Remove all elastic headbands. Inspect them for wear, tears, frayed sections and loss of elasticity. Replace faulty headband.

3. Remove the exhalation valve cover. Remove the exhalation valve. Stretch the valve and look for pin holes or tears. Replace the valve as necessary.

4. Remove the inhalation valves and inspect them for pin holes, tears and flatness. Replace the valves as necessary.

5. Inspect the rubber facepiece for tears, holes, cracks and distortion. Replace the facepiece if any of these conditions are found.

6. Wash all the parts in warm (about 120-130 deg F) soapy water. Use dish detergent for soap. Rinse all the parts in warm water.

7. Sanitize the respirator in warm water (120-130 deg F) using a sanitizer material such as those made by respirator companies. Follow the manufacturer's instructions. Thoroughly rinse all parts in warm water.

8. Shake off all excess water. Allow the mask and parts to air dry in a clean, sanitary area. Alternatively, remove all water using a lint-free cloth (lint can interfere with the proper functioning of the inhalation and exhalation valves.) The respirator must be completely dry before re-assembly to prevent bacterial or mold growth.

9. Re-assemble the respirator. Replace the exhalation valve and valve cover. Replace the inhalation valves. Re-install the cartridge gaskets. Replace the headbands; if the headbands are still wet, have a spare pair to use. Install fresh filter cartridges.

10. Place the cleaned and re-assembled respirator in a plastic bag and seal it. Store the respirator in the bin or locker assigned. Place the respirator so the sealing surfaces are facing up and do not place objects on top of it; this also prevents the mask from being distorted.

11. If upon inspection, any of the parts are found defective, place mask in plastic bag, mark the bag or tape on the bag--"Needs Repair" and send back to the shop.

\*These procedures apply to field use only. When a job is completed all respirators are returned to the shop, inspected, cleaned, bagged and stored appropriately by size and type for reuse.

#### ANNUAL RESPIRATOR PROGRAM EVALUATION

1. Number of people participating in the program

2. Number and types of respirators available to personnel:

Half-mask  
Full-face  
Powered air purifying  
Supplied Air

3. Have the number and types of respirators available been adequate to meet needs?

Yes No

Comment

4. How much money was spent this year for:

Respirators  
Cartridges  
Spare Parts  
Cleaning Supplies  
Manpower

5. Was the budget adequate?

Yes No

Comment

6. Did all employees in the respirator program receive an annual medical exam?

Yes No

Comment

7. Did all employees in the respirator program receive training on the use and limitations of the respirators?

Yes No

Comment

8. Have all respirator users been qualitatively fit-tested?

Yes No

Comment

9. Have standard operating procedures been written and implemented for respirator selection, donning, fit-testing and cleaning?

Yes No

Comment

10. Are only NIOSH/MSHA approved respirators used:

Yes No

Comment

11. Have all employees complied with the need to be clean shaven in the sealing areas of the respirator?

Yes No

Comment

12. Are all employees correctly wearing their respirators while removing asbestos?

Yes No

Comment

13. Are there any areas for improvement in the program?

Yes No

Comment

Date

Respirator Program Administrator

## WORKER DECONTAMINATION

### A. All workers without exception shall:

1. Remove street clothes in the change room and put on the disposable coveralls, head covers, and respirators before proceeding to Work Area.

2. Remove contaminated garments and footwear before leaving the Work Area; while still wearing the respirators, proceed to the shower and remove it while showering with soap and water.

3. Shower at the end of each day's work before entering change room to change into street clothes.

4. Non disposable work footwear shall remain inside work area until completion of the project.

### B. Workers shall not eat, drink, smoke, chew gum or chew tobacco in the Work Area.

1. To eat, drink or smoke, workers shall adhere to the entire decontamination procedure contained in items 2 through 4 above.

2. Following this decontamination, workers shall dress in new, clean disposable garments to eat, smoke or drink. These garments may be worn to re-enter the Work Area.

3. Workers shall be clean shaven.

4. Workers shall not wear contact lenses.

July 18, 1994

The following QUALITATIVE FIT TEST PROTOCOLS from Title 8 CCR Construction Safety Orders, Section 1529 are hereby incorporated into CST Environmental, Inc.'s *Respiratory Program*.

Irritant Smoke Protocol.

A. Respirators for testing.

1. Respirators shall be selected as described in Part A under saccharin solution protocol.
2. Each respirator shall be equipped with high-efficiency (HEPA) filters.

B. Fit test.

1. The test subject shall be exposed to a weak concentration of the irritant smoke to familiarize the subject with the characteristic odor. If the subject cannot detect the irritant smoke then another qualitative fit testing protocol, or the quantitative fit testing protocol, shall be used.
2. The test subject shall properly don the respirator selected, and wear it for at least 10 minutes before starting the fit test.
3. The test conductor shall review this protocol with the test subject before testing.
4. The test subject shall perform the conventional positive pressure and negative pressure fit checks (see ANSI-Z88.2-1980). Failure of either check shall be cause to select an alternate respirator.
5. Break both ends of a ventilation smoke tube containing stannic oxychloride, such as MSA part #56-15, or equivalent. Attach a short length of tubing to one end of the smoke tube. Attach the other end of the smoke tube to a low pressure air pump, or any equivalent device, set to deliver 200 milliliters per minute.
6. Advise the test subject that the smoke can be irritating to the eyes and instruct the subject to keep the eyes closed while the test is performed.
7. The test conductor shall direct the stream of irritant smoke from the tube towards the facescal area of the test subject. The person conducting the test shall begin with the tube at least 12 inches from the facepiece and gradually move to within one inch, moving around the whole perimeter of the facepiece.
8. The test subject shall be instructed to perform the exercises described in Part C below, while the respirator is being challenged by the smoke.
9. The test subject shall indicate to the test conductor if the irritant smoke is detected. If smoke is detected, the test conductor shall stop the test. In this case, the tested respirator is rejected and another respirator shall be selected.
10. Exposure to the irritant smoke shall be performed in a location with sufficient exhaust ventilation to prevent general contamination of the testing area by the irritant smoke.
11. At least two facepieces shall be selected by the irritant smoke test protocol. The test subject shall be given the opportunity to wear them for one week to choose the one which is more comfortable.
12. Respirators successfully tested by this protocol may be used in atmospheric concentrations of up to ten times the PEL for asbestos.
13. Refer to Part C of this appendix for additional requirements for required respirator fit testing.

C. Fit test exercise.

1. Respirator straps may not be over-tightened for testing. The straps shall be adjusted by the wearer to give a reasonably comfortable fit typical of normal use.
2. Exercise Regime. Prior to entering the test chamber, the test subject shall be given complete instructions as to his/her part in the test procedures. The test subject shall perform the following exercises, in the order given, for each independent test.
  - a. Normal Breathing. Without talking, the subject shall breathe normally for at least one minute.
  - b. Deep Breathing. The subject shall do deep breathing for at least one minute, pausing so as not to hyperventilate.
  - c. Turning head side to side. The subject shall slowly turn his/her head from side-to-side. The head shall be held at each extreme side position for at least 5 seconds. The test subject shall be instructed to perform at least three complete cycles, and to avoid bumping the respirator against the shoulders.
  - d. Nodding head up and down. The subject shall slowly nod his/her head up and down between the extreme position straight up and the extreme position straight down and inhale when the head is in full-up position (looking toward ceiling). The subject's head shall be held at each extreme position for at least 5 seconds. The test subject shall be instructed to perform at least three complete cycles and to avoid bumping the respirator against the chest.
  - e. Reading. The subject shall talk for a minute so as to be heard clearly by the test conductor or monitor. (For example, the test subject can be asked to describe the duties of his/her job or to read aloud from CST's Respiratory Program).
  - f. Grimace. The test subject shall grimace, smile, frown and generally contort the face using the facial muscles. Continue for at least 15 seconds.
  - g. Bend over and touch toes. The test subject shall bend at the waist and touch toes and return to the upright position. Repeat at least 30 seconds.
  - h. Jogging in place. The test subject shall perform jogging in place for at least 30 seconds.
  - i. Normal Breathing. Same as exercise a.

### **Procedures for Respirator Selection**

CST has continually monitored for Time Weighted Average (TWA) permissible exposure limit and/or the excursion limit prior to and after March 31, 1992. Based upon results after the above date, CST has relied on objective data from such monitoring to demonstrate the requirements for respirator selection. These requirements shall be based upon type of material to be handled, and/or the work operation required. The minimum standard shall be as follows:

All air purifying respirators shall be equipped with high efficiency filters (HEPA) for asbestos related work.

<b><u>Activity</u></b>	<b><u>Respirator Type</u></b>
Install Engineering Controls	Half-mask Air Purifying
Remove Engineering Controls	Half-mask Air Purifying
Remove Flooring and Adhesives	Half-mask Air Purifying
Remove Thermal System Insulation	Powered Air-Purifying
Remove Structural Fireproofing	Powered Air-Purifying
Remove Roofing Materials	Half-mask Air Purifying
Remove Cement Based Materials by Breaking	Powered Air-Purifying
Remove Cement Based Materials Intact	Half-mask Air Purifying
Any Type of Dry Removal	Full Facepiece Supplied Air Pressure Demand Mode

Any activity not listed shall be evaluated and respirator selected prior to project start.

Any contract specification requirement for respirator selection shall used, but shall be no less than that as stated above.



## **NIOSH & MSHA Certifications**

# NORTH 7700 SERIES HALF MASK AIR- PURIFYING RESPIRATORS

NIOSH/MSHA Certified

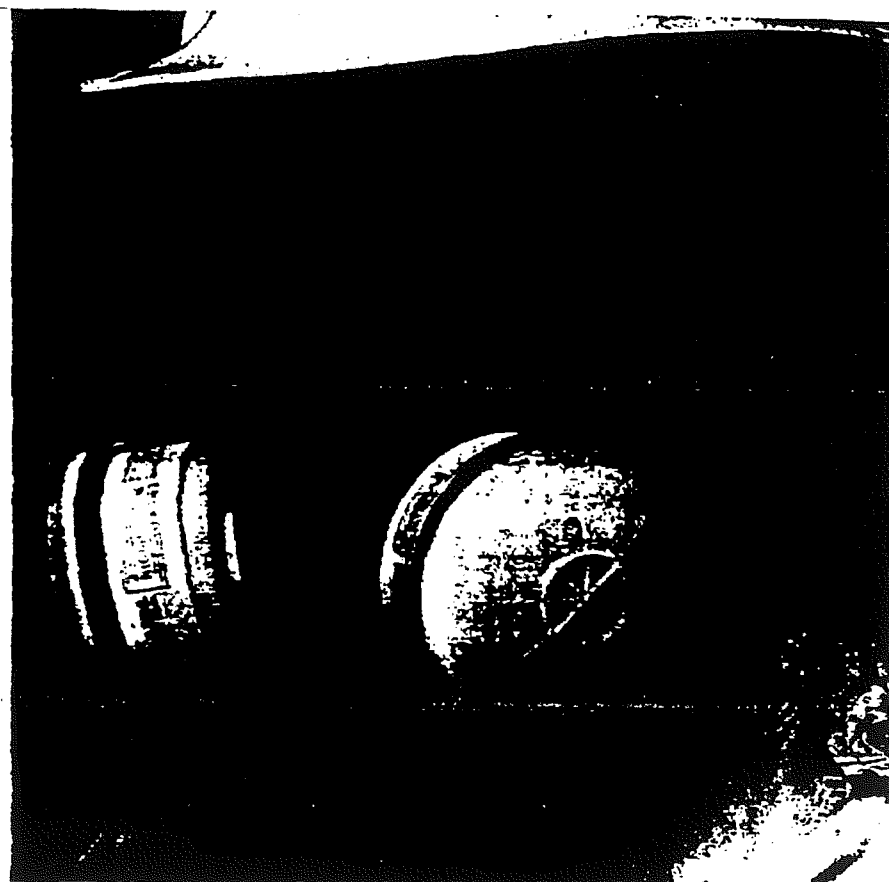
The North 7700 Series is the most comfortable half mask respirator available today. What makes it so comfortable? For one thing, the facepiece is made of soft, hypoallergenic silicone. Because silicone is so much more flexible than organic rubber, it conforms to a worker's face. And three facepiece sizes make it much easier to fit your workers.

The North 7700's cradle suspension system also adds to the comfort of this respirator. The North 7700 doesn't slip like respirators with conventional strap systems. The cradle suspension gives an even seal without creating pressure points.

The low profile of the North 7700 gives workers a wide field of vision and room for protective eyewear. Its low inhalation and exhalation resistance makes breathing easier, leaving more energy for production.



Series 7700  
(Shown with N7500-3 Cartridges,  
N7500-6 Filters and N7500-27  
Fit Check/Filter Cover)



Features	Benefits
State-of-the-art design and materials	Provides wearer with the best fitting, most comfortable facepiece, thereby improving health and safety.
Silicone facepiece material	Wearer comfort. Readily conforms to facial feature and doesn't harden with age. Easy to clean. Durable. Stands up to repeated cleanings better than any other facepiece material. Resists distortion, ensuring a better fit, time after time.
Contoured sealing flange	The most comfortable, best fitting half mask facepiece available. Eliminates discomfort caused by pressure points on facial nerves. Design of the nose area provides excellent fit and comfort.
Extended side flanges	Provide best possible seal during talking or other facial motions.
Low dead air space	Improves worker comfort by limiting "re-breathing of exhaled air."
Three overlapping facepiece sizes	Comfortable fit for largest number of respirator wearers.
Cradle suspension system	Cradle straps provide a comfortable, secure fit without slipping. Convenient side adjustment of head band straps. "One-Piece" suspension prevents loss or misassembly of individual straps. Easily removed for cleaning.
Headband yoke	Allows cartridges to be located lower and further back, improving side vision.
Exhalation valve assembly	Exceptionally low breathing resistance. Positive pressure fit check without removing cover.
Direct cartridge-to-facepiece seal	Eliminates the risk of improper seal and reduced protection due to lost or worn sealing gaskets. Minimizes replacement parts inventory. Ease of maintenance, no cartridge receptacles to clean.

**SUMMARY OF NIOSH/MSHA APPROVALS  
FOR NORTH 7700 SERIES RESPIRATORS**

CONTAMINANT FOR WHICH APPROVAL IS GRANTED	APPROVED NORTH MODEL	AIR-PURIFYING COMPONENTS			NIOSH/MSHA LIMITATIONS FOR SPECIFIC CONTAMINANTS SEE PAGES 39 & 40	NIOSH/MSHA APPROVAL NUMBERS
		CARTRIDGES FILTERS, OR HOLDERS	PREFILTER	RETAINER		
Asbestos, Ammonia, Methyl Amine, Dusts, Fumes & Mists, Radionuclides, Radon daughters	7784 L,M,S	N7500-84	—	—	3,5	TC-23C-213
Asbestos, Dusts Fumes & Mists, Radionuclides	7780 L,M,S	N7500-8	—	—	3,4	TC-21C-152
Asbestos, Organic Vapors, Dusts, Fumes and Mist, Radionuclides, Radon daughters, Pesticides	7781 L,M,S	N7500-81	—	—	3,5,6,7	TC-23C-204
Chlorine	Choose any respirator approved for Acid Gas					
Dusts and Mists	7706 L,M,S	N7500-15	N7500-6	N7500-27	1,4	TC-21C-151



## Landfill and Hauler Permits

CST will be using Copper Mountain Landfill as the waste site and Falcon Disposal Service for hauling. All asbestos containing material will be handled, transported and disposed of as per federal, state and local regulations.

Falcon Disposal Service  
2531 East 67th Street  
Long Beach, CA 90805  
(310) 633-4400  
EPA #CAD000048934  
Hauler Permit #0210

Copper Mountain Landfill  
Avenue 35E and County 12th Street  
Yuma County, AZ 85356  
(520) 782-6355  
EPA #AZR000002428

RECEIVED SEP 28 1995



## ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

Rife Semington, Governor

Edward Z. Fox, Director

PRU95-396

September 20, 1995

Mr. Phillip Davis  
Copper State Recycling, Inc.  
P.O. Box 967  
Yuma, Arizona 85366

RE: Copper State Recycling, Inc.  
Copper Mountain Landfill Cell #1  
APPROVAL TO OPERATE

Dear Mr. Davis,

The Arizona Revised Statute (ARS) §49-762 requires the Arizona Department of Environmental Quality Solid Waste Section (the Department) to approve facility plans prior to authorizing the construction and operation of a new facility. Approval to Construct for the Copper State Recycling, Inc. Copper Mountain Landfill was issued on March 31, 1995 (PRU95-119). The Approval to Construct was amended by the Department's letter dated July 27, 1995 (PRU95-306) to allow construction of an alternate liner design for the landfill, and other non-substantial changes and minor modifications to the landfill and surface impoundment. The Department has reviewed a letter from Michael Bone, P.E., Dames and Moore, dated September 13, 1995 which provides the construction certification statement as required by Condition 5 of the Approval to Construct. The Copper State Recycling, Inc. Copper Mountain Landfill Cell #1 is hereby approved for operation by the Department. This Department approval and authorization to operate is conditioned by the following:

1. The Copper State Recycling, Inc. Copper Mountain Landfill Cell #1 must be operated in accordance with the approved facility plan application which includes the following:
  - a. Facility Plan Approval Application Completeness Review Response Document, Copper Mountain Landfill, SCS Engineers, February 4, 1994.

## STATE OF ARIZONA

## AQUIFER PROTECTION PERMIT NO. P-102600

## PART I.

AUTHORIZATION TO DISCHARGE POLLUTANTS IN A MANNER SUCH THAT  
CURRENT AND REASONABLY FORESEEABLE FUTURE USES OF THE  
AQUIFER ARE PROTECTED

In compliance with the provisions of Arizona Revised Statutes (A.R.S.) Title 49, Chapter 2, Articles 1, 2 and 3; Arizona Administrative Code (A.A.C.) Title 18, Chapter 9, Article 1; A.A.C. Title 18, Chapter 11, Article 4; and conditions set forth in this permit:

Facility Name: Copper Mountain Landfill


Owner and Operator:

Copper State Recycling, Inc.  
P.O. Box 967  
Yuma, AZ 85366

is authorized to operate the Copper Mountain Landfill located 36 miles east of Yuma, Arizona, on the south side of Interstate 8, in Yuma County, over groundwater of the Lower Gila groundwater basin in Township 9 South, Range 17 West, Section 15, Gila and Salt River Base Line and Meridian:

Latitude	32° 33' 47"	North
Longitude	114° 02' 49"	West

This permit shall become effective on the date of the Assistant Director's signature and shall be valid for the life of the facility (operational, closure, and post-closure periods) provided that the facility is constructed, operated, and maintained pursuant to all the conditions of this permit according to the design and operational information documented or referenced in PARTS I, II, III, IV, V, VI, and VII of this Permit, and such that Aquifer Water Quality Standards are not violated.

  
Ethel DeMarr  
Director  
Waste Programs Division  
Arizona Department of Environmental Quality  
Signed this 21 day of March, 1995



## ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

Fife Syrington, Governor

Edward Z. Rix, Director

PRU95-119  
March 31, 1995

Facility No. 102600

Mr. John Gardner  
Copper State Recycling, Inc.  
P.O. Box 967  
Yuma, Arizona 85366RE: Copper State Recycling, Inc.  
Copper Mountain Landfill  
APPROVAL TO CONSTRUCT

Dear Mr. Gardner,

The Arizona Revised Statute (ARS) §49-762 requires the Arizona Department of Environmental Quality Solid Waste Section (the Department) to approve facility plans prior to authorizing the construction and operation of a new facility. Accordingly, the Copper Mountain Landfill is hereby approved for construction by the Department. This Department approval and authorization to construct is conditioned by the following:

1. The Copper Mountain Landfill must be constructed in accordance with the approved facility plan application which includes the following:
  - a. Facility Plan Approval Application Completeness Review Response Document, Copper Mountain Landfill, SCS Engineers, February 4, 1994.
  - b. Copper Mountain Landfill Aquifer Protection Permit Application and Solid Waste Facility Plan Approval Application, Weston, September 1994:

Volume I - Response to Comments

Volume II Technical Specifications for Construction of Copper Mountain Landfill

Volume III Construction Drawings and Landfill Phasing

## YUMA COUNTY SPECIAL USE PERMIT

ISSUED TO: Jim Heard, agent PERMIT #: 92-40  
OWNER'S NAME: Suburban Sanitation  
LEGAL DESCRIPTION OF PROPERTY: N4 of Sec. 18 T9S R17W GSRM (203-09-001)  
ADDRESS: 2260 S. 4th Ave. Yuma, AZ 85364  
PERMITTED USE: Landfill in an RA-40 district, to comply with the list of  
requirements attached hereto.  
FEE: \$5.00

THIS PERMIT ISSUED THIS 23rd DAY OF December, 1992

BY ORDER OF THE YUMA COUNTY BOARD OF SUPERVISORS, YUMA COUNTY, STATE OF ARIZONA

By Mark L. Smith  
Planning Department

## DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR

P.O. BOX 806

SACRAMENTO, CA 95812-0806

(916) 323-3219



## \*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

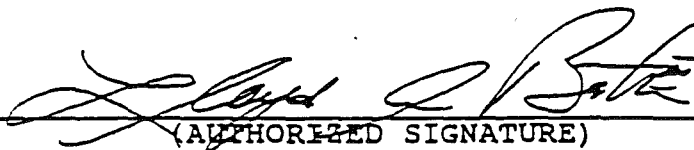
Falcon Disposal Service, Inc.  
2531 East 67th Street  
Long Beach, California 90805

TRANSPORTER REGISTRATION NO: 0210EXPIRATION DATE: October 31, 1996

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE USED IN CONJUNCTION WITH VEHICLES AND/OR CONTAINERS WHICH HAVE BEEN CERTIFIED PURSUANT TO SECTION 25169.1, HEALTH AND SAFETY CODE, OR A VARIANCE ISSUED BY THE DEPARTMENT OF TOXIC SUBSTANCES CONTROL FOR HIGHWAY TRANSPORT WITH THE EXCEPTIONS OF TRANSPORT SOLELY BY WATER, RAIL OR AIR.

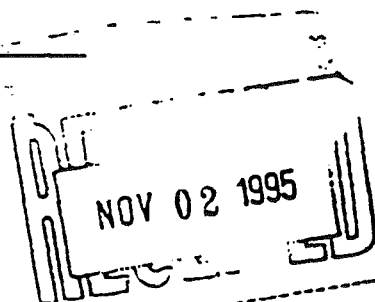
THIS REGISTRATION CERTIFICATE MUST BE CARRIED IN THE VEHICLE USED TO TRANSPORT HAZARDOUS WASTE.

  
(AUTHORIZED SIGNATURE)

AUG 18 1995

(DATE)

cc: California Highway Patrol





STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**NON-TRANSFERABLE LICENSE**

LICENSE NUMBER 45566	ISSUE DATE 4-23-96	EFFECTIVE DATE -----	EXPIRATION DATE 4-30-97
CHP CARRIER NUMBER CA-- 198	LOCATION 501	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Renewal

LICENSEE NAME AND PHYSICAL ADDRESS (only if different from below)

The person or firm named has been licensed pursuant to the California Vehicle Code for:

OPERATION OF:

- ☐ Emergency Ambulances ☐ Armored Cars  
☒ (IMS) Inspection & Maintenance Station, File Code Number 51592  
☐ School Bus Contractor's License

CONTROL NUMBER  
120336

LICENSEE NAME AND MAILING ADDRESS

FALCON DISPOSAL SERVICE, INC.  
2531 EAST 67TH ST.  
LONG BEACH, CA 90805

HAZARDOUS MATERIALS TRANSPORTATION

- ☐ (HMX) Explosive subject to Division 14, Vehicle Code, and other hazardous materials.  
☐ (HMO) Other Hazardous Materials.  
☐ (HMW) Hazardous materials in certified waste hauler vehicles only (fee exempt);  
☐ registration number:

